Vol. XXVII. APRIL, 1932 No. 4

Modern Methods and Treatment of Cancer

By JOHN W. S. McCULLOUGH, M.D., D.P.H.

Your Association has done me the great honour of asking me to speak to you on the subject of Cancer.

Until the Royal Commission appointed by the Government last spring has made its Report, I cannot speak of the actual work of the Commission, which I accompanied on its investigation of the subject in the United States and Europe, but I may say that there is no better clinical work being done anywhere the Commission visited than is carried on right here in Toronto; the only difference is that, while we have had until recently but half a gram of radium and one deep x-ray machine, clinics for the treatment of cancer in Europe have many of them, eight grams of radium and six to eight high voltage x-ray apparatus.

Increase of Cancer

There seems to be little doubt that cancer is on the increase, but not to the extent to which statistics point. There are a few reasons why the total increase is apparent. There are:

(1) the better records of today;

(2) the greater skill in diagnosis;

(3) the increase in the number of people of the cancer age;

(4) the better education of the public in preventive medicine of all kinds, which enables the layman and woman to appreciate the earlier signs of the disease.

With a continuance of, and a wide increase in public health education, particularly among the children of today, the future men and women will detect the early signs of cancer more readily and offer themselves to the doctor for earlier diagnosis and treatment.

With reference to the health education of children, one cannot expect *all* of them to be so apt as the one Dr. Joseph Colt Bloodgood tells of. He was delivering a lecture on health and, wishing to make the point that parents were not aware how much their children were taught in the primary schools about the rules of health and preventive medicine, he selected a little girl about ten years old, sitting in the front seat beside the mayor, and asked her to stand up and tell the audience what she would do if she stepped on a rusty nail. She at once answered that she would wash her foot in soap and warm water, bathe the wound with alcohol, then go to the doctor and ask him to give her a dose of tetanus antitoxin. Now if Kipling were telling this story, he would tell it as a lie. There was tremendous applause, and Bloodgood was immensely gratified at the result of his experiment. Speaking to the mayor about the matter at a dinner next day, the latter said that the only comment among the audience was that it was a "put-up job".

Speaking at Chicago recently, Dr. Bloodgood said: "A beautiful woman doesn't have cancer of the face. Why? Because with the first blemish on her face she goes to a physician. That is a valuable lesson for men to learn.

"Women smoke, but they do not develop cancer of the mouth. The reason—they keep their teeth free of nicotine. That's another lesson for their husbands and brothers."

But there is after all this, a real increase in the incidence of cancer. If we take our own country alone, the mortality from cancer has shown a successive and steady rise over a long

---

(Address to members of District 5 Registered Nurses Association of Ontario, Dec. 3, 1931.)

Institute of Public Health
Faculty of Public Health
University of Western Ontario
LONDON - CANADA

period, one must admit that cancer is increasing.

Statistics of Cancer Mortality

I suppose you are not fond of statistics, and I shall burden you with only sufficient to convince you that there is an alarming increase of this affection. Beginning with 1914 the mortality rate for cancer in Ontario was 69 per 100,000 of population; in 1929 the rate was 104, and last year 109.5, an increase of 5½ per 100,000 in a single year.

During the last decade the rate of increase has been nearly 20.0 per 100,000 of population, or a relative increase of 31%. For certain regions of the body, the stomach, the intestines, and the female organs of generation, the increase has been particularly marked and is in comparative accord with that found in most countries. The annual loss of life from cancer in Ontario has, in the aggregate, now reached 3,631 and the total number of cases cannot fall short of 10,000.

The increase in cancer mortality is general all over Canada, the rate in 1930 being 93, or an increase of 5 over that of 1929, and of 470 in the number of deaths.

The newer sections of the country, Alberta, Manitoba and Saskatchewan, with fewer people of the cancer age, have the lower rates.

The records for England and Wales since 1847, show an ever-increasing tide of cancer mortality. During this period the rate has risen from 27.4 per 100,000 to 145.3 (1930). The United States, and particularly the continent of Europe, show an equal or greater increase, and all over the civilised world there is the highest interest in research as to the cause of cancer, and experiments in treatment designed to control this mighty scourge.

The Nature of Cancer

The human body is composed of millions of cells, cells that can be seen only when magnified about 500 times, when they appear to be of the size of a small pin's head.

In its simplest form the cell is a spherical body with a definite wall, and semi-solid contents in the middle of which is a smaller spherical body known as the nucleus, and upon which the life of the whole cell depends. In its normal life history the nucleus and subsequently the cell itself divides. The cells grow to full size and are ready to divide in their turn. The process of further division depends upon a number of circumstances, many of which are unknown, but in part it depends on the nature of the cell. Thus the skin is constantly being renewed by division of the deepest layer of cells, whereas nerve cells are never renewed once they have been formed. Although cells typically are of spherical form, they may, from pressure, become flattened, columnar, polyhedral or irregular in shape.

The cancer cell is a normal cell of the body, but for some unknown reason this cell departs from the ordinary habit, and not only divides but continues to subdivide indefinitely. Under the microscope one can observe the birth and growth of the cancer cell, can see it spread, invade and destroy the healthy tissues: one can distinguish cancer cells from the ordinary tissue cells, and classification of the different types of cancer and tumour growth can be made.

Cancer seems to be a local rebellion of a group of cells against the established order. The rebellious cells are unrestrained in their action; they are "bolshevists", and if the local riot is not promptly checked it may develop so as to destroy life.

The cause of this untoward action on the part of the errant cell is unknown. Cancer is non-infectious; it is not hereditary; it is not introduced from without; it is generated within the body. There is no true germ or parasite to which the growth of cancer can be ascribed. Cancer itself is a parasite grafted upon the human organism upon which it acts in a destructive fashion.

Cancer may be a combination of diseases. Fifty years ago fever was a term used to cover a large variety of affections. The cause of most of these fevers having been discovered, they are now classified as typhus, and typhoid fever, pneumonia, malaria, etc. Many physicians believe that cancer is similarly a general term that may cover a variety of diseases. It is well known that there are several types of cancer of the skin for example, and it may be that the light of future knowledge will separate cancer into its component parts, and aid in the solution of its control.

Pre-cancerous Growths

In addition to the true cancer there are other forms of irregular growths known as benign tumours. These are all more or less associated with malignant or cancer tumours but are comparatively harmless in themselves. There are cell processes which precede true cancer and which are known as pre-cancerous conditions. These pre-cancerous reactions of tissue cells appear to be due to the influence of some external irritant or of some internal stimulus. Some of these growths result in cancer, and most cancers develop from some such primary overgrowth of cells. Thus it appears that there is a stage in the life history of cancer when the growth, while a departure from the normal, is not actually cancer. Examples of this are seen in the pearly appearance of the lip in smokers, in the white spots on the tongue or inside the cheek, or in the scaly accumulations of epidermis on the faces of elderly persons. These are not cancer; they are pre-cancerous conditions which may and frequently do, become cancerous.

The Origin and Cause of Cancer

As already pointed out, no real cause of cancer has so far been discovered. All the causes which we know of are predisposing or exciting conditions which appear to be related to the origin of cancer. These include:

1. Hereditary predisposition.
2. Age.
3. Embryological faults.
4. Irritation and injury.
5. Biochemical stimuli.
6. Diet and civilisation.

Heredity—In both animals and men there are those whose susceptibility to cancer is stronger or weaker than is the case with others. As in tuberculosis and many other affections the tendency to acquire the disease is higher in some than in others. Such persons are relatively more susceptible than other persons, their resistance to the particular affection is less, the soil is more favourable to the growth of the disease. The hereditary predisposition to cancer is, like that of tuberculosis, the true conception. There is no evidence that cancer is transferred from parent to child.

Age—Age is a definite factor in the onset of cancer. While malignant growths may originate at any age, the liability to cancer increases with the years of life. The work of preventive medicine has extended the length of life of the individual. Through this extension there is provided an additional number of potential cancer victims. The newer countries with a younger population have less cancer than the older civilisations. As the population becomes of more advanced age, the mortality of cancer increases.

Embryological Faults—The human body is a complex and wonderful structure. Its elements are the product of a single cell. As in all structures there are "faults" in the body construction, and it is not uncommon for a tumour to grow from one of these faults. Only a few of such growths are dangerous; most of them are innocent. The great cancers of the body, as a rule, take their origin from mature cells but now and then one develops from an embryological fault.

Irritation and Injury—It is not known how irritation acts in exciting the growth of cancer, but there is no doubt that injury and chronic irritation of a part often induce cancer. The surface of the body and the alimentary canal are among the chief sites of cancer. These regions also are the most subject to irritation. Many chemical and physical agents are known to excite cancer. Irritation is the commonest "cause" of cancers of the parts of the body subject to injurious influences. Knowledge of this fact is of assistance in the prevention of cancer. Avoidance of irritation or the removal of irritating agents are potent measures in the reduction of cancer.

Biochemical Stimuli—The human body is a complex chemical laboratory. The growth of glandular cancer, and perhaps of other forms, is probably excited by the influence of the chemical processes of the body. In this field research may possibly uncover the real cause of cancer.

Diet and Civilisation—Since cancer occurs alike in vegetarians, in meat eaters, and in those using a mixed diet, the kind of food consumed has probably no effect in originating cancer. No diet will predispose to, nor prevent cancer in the individual. But the manner in which food is used may cause irritation, and thus excite a malignant growth. Foods taken too hot, or bolted without proper mastication may act as irritants or cause indigestion, and so provoke cancer of the stomach or intestines. Nor can civilisation justly be blamed for the induction of cancer. Certain civilised habits, higher life development and the greater average age of civilisation may account for the possible excess of the cancer of civilised people over that of primitive people. It is obviously impossible to disown the advantages of civilised life and assume primitive habits. The remedy is rather to gain control of cancer by research and application of scientific knowledge.

The Growth and Spread of Cancer

As already indicated, cancer grows by the proliferation of its cells to form additional cancer cells and that cancer spreads through invasion of adjacent tissue by the cancer cells or by their dissemination through the lymphatic vessels and blood vessels to distant parts. The spread of the original growth to other parts of the body is known as metastasis. The great danger in cancer comes from this invasion. The rate of this invasion and the destructive effect of the invading cells vary greatly in different cancers, and thus some cancers are much more dangerous than others. The time for successful action is limited. Diagnosis and treatment, to be satisfactory, must be applied at the earliest opportunity.

Destruction of a small cancer at its beginning, or removal of irritation and continued observation of precancerous states would do much to limit the mortality of this dangerous disease. This, and the fact that a neglected cancer will grow and infect the surrounding tissues, are additional arguments for the complete eradication of cancer at the earliest moment.

Decline and Death of Cancer

A cancer is a living thing, and like all living things it cannot last forever. Dr. David Arthur Welsh, F.R.C.P., Edin., writes in a fascinating manner of this and other epochs of the life history of cancer. He says:

"A few cancers reach the term of their natural life before they kill the patient. Every doctor who has had much experience of cancer can recall instances where a cancer appears to have been checked in its malignant career, where it has ceased to grow and where it has died out. What sometimes happens it this: the doctor declares with truth that an advanced cancer is hopelessly inoperable, and that he can do no more: the patient in desperation tries some quack remedy. Then the incredible thing happens; the cancer begins to die and the patient begins to live again. Not one in 1000 cancers, perhaps not one in 10,000, is it so obliging as to die before its human host."

But the incredible fact has happened through the cancer possessing a low order of vitality or because of the high resistance of the body, and this fact is encouraging in that research may discover a means of accelerating the exhaustion of cancer vitality or of increasing bodily resistance to malignancy.

The Signs of Early Cancer

The early signs of cancer are frequently obscure. In many there is no apparent tumour. Most of them are painless. They are painless until their size causes pressure on nerve filaments, or interferes with the function of an organ. But usually there are danger signals. There is a sore, say on the lip, the tongue or the inside of the cheek, which fails to heal; there is the red flag of hæmorrhage from the lower bowel or the internal organs of women; there is the lump in the breast; the continued hoarseness from a growth in the larynx; the protracted indigestion which fails to respond to the usual remedies. These are facts which should be matters of everyday knowledge. Any of these signs should be regarded with the gravest suspicion and every opportunity taken to prove or disprove their association with cancer. Neither patient nor doctor can afford to gamble on the chances that any single one of these signs is an innocent one. Nothing should be left to chance. Every available means of diagnosis, under such circumstances, should be resorted to and the investigation of such signs should be pursued until the question of cancer or no cancer is solved.

It is a very great misfortune for the human race that cancer in its early stages is often unaccompanied by pain. If cancer were only as painful as a toothache from the start, thousands of those who procrastinate until the disease is too far gone for curative measures, would be relieved of their troubles and cured of their disease.

Modern Methods of Treatment of Cancer

The chief resources in the treatment of cancer are: surgery, x-rays, and radium.

Of these resources that of surgery has long held the field, and surgery remains the most potent agent of treatment in cancer of the stomach, of the intestines, the fundus of the uterus, and other abdominal organs, though this field is being somewhat invaded by irradiation either as an active or as an auxiliary to surgical treatment: it is still the best resource in cancer of the larynx and esophagus, but in these fields also radium is taking a part. In treatment of cancer of the breast, surgery holds the chief place. Here again radium and x-ray are widely used in auxiliary treatment and are considered by some clinicians to be the best method.

In cancers of the surface of the body, the lips, buccal cavity, the jaws and throat and the uterine cervix, radium and x-rays afford very satisfactory results, especially if cases are seen early, a requisite that widely enhances the opportunity of cure by any method. It appears, therefore, that for the largest number of cancers of the human body, surgery is still the method of choice, but it is equally apparent that both radium and x-rays are powerful and effective methods of treatment, and that facilities for treatment of cases should include the best in all three lines.

In addition to those methods there is a variety of therapeutic measures such as various serums, the use of colloidal lead, etc., the results from which are, so far, too remote as seriously to enter into competition with the proven results of the well-known triad mentioned. What the future holds in the direction of new treatment of cancer, it is impossible to say. It is the hope of everyone that simpler and even more effective therapeutic agents in cancer treatment may, ere long, be discovered.

Surgery—In an address of this nature it is unnecessary to dilate upon the value of surgical treatment. This form of treatment since the days of the immortal Lister has shown an extraordinary development, and some of the most prominent surgeons are of the opinion that its limits as a therapeutic measure have almost been reached. Surgery still holds the field in cancer treatment; the surgeon has reached an astonishingly high degree of skill: he is confident of himself, and it will only be by a discovery of newer, more exact, and simpler methods that he will be dethroned.

The limited time in this address given to the consideration of the surgical treatment of cancer, fails to indicate the immense value of surgery as a therapeutic agent in malignant growths. The surgical treatment of cancer is so well-known both within and without the profession that it seems out of place to say more than that, in our present state of knowledge, surgery still holds the premier position; it is still the line of approach in the majority of cancers.

Opinion of the value of early surgical measures in cancer, is given by Lord Moynihan, one of the most distinguished of British surgeons, as follows:

"No better illustration of the value of early surgical interference in cases, for example, of cancer of the breast could be given than the statistics published three years ago by our Minister of Health. Very briefly, it was found that when the operation for cancer of this organ was performed in the early stage of the disease, 90.1% of women were alive and well ten years after operation, whereas if the disease was very advanced, 94.4% were dead within this period. The nature of the disease was the same, the operation the same; the stage of the disease made all the difference. It is true to say that every single case of cancer where the disease is accessible to the surgeon, is curable in the early stage, for cancer is at first a local disease. It is quite obvious, therefore, that the future success of surgery very largely depends upon the education of the public in these matters and of a very clear recognition of that fact that their only fear should be the fear of delay."

Radium—Radium is a radio-active substance derived from pitch-blende, the chief source of which is the Belgian Congo. In 1896 Becquerel discovered that the element uranium, the important constituent of pitchblende, emitted rays capable of passing through material substances, and a little later M. and Mme. Curie proved that these rays were produced by the disintegration of the uranium atom, that a new element which they called *radium* was formed, and that this in its turn was subject to continuous disintegration, during which similar rays were emitted.

The total (approximately) of radium available in the world is 25 ounces. The United States owns 50 grams, the British Isles 60 grams, and France 50 grams.

Radium is used in two forms, first as the element which in appearance resembles white pepper, and, second, in solution from which an emanation or gas called radon, is produced. The dose in each form can be accurately measured and is usually referred to as so many milligrams of radium element.

The disintegration of radium is a slow process, one half disappearing in a period of 1690 years. Its final disposition is lead. During the process of disintegration energy is liberated in the form of alpha, beta and gamma rays. The emanation of radium is a gas which will be lost unless the radium from which it arises is kept in a sealed receptacle. In the sealed container radium emanation gradually accumulates in an increasing amount, and it is used chiefly in the form of "seeds", which are tiny sealed receptacles of gold or other material, and which may be inserted into or about the growth, the time employed and the quantity used constituting the dose. In a little less than four days the emanation (radon) loses half of its strength.

Radium is very expensive. Its production at present is chiefly in the hands of the company called the Radium Belge, with headquarters at Brussels. The company's works are at Oolen, near Antwerp, and the operation of transforming pitch-blende to radium, requires 67 processes. In the production of one gram, some 80,000 tons of rough material and large quantities of chemicals are handled.

The effect of radium element, of the emanation and of x-rays, is much the same, and preference for one or the other, is chiefly a matter of convenience, accessibility of the growth, and personal experience. For the treatment of tumours, the hard or gamma rays are used, the softer rays being cut off by a filter of lead, platinum or other metal. The reason why these rays, in appropriate dose, destroy cancer cells, and at the same time have a minimum effect upon normal cells of the body, is largely because the cancer cells are in a

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

constant state of division and are, consequently, more sensitive to the rays than normal cells. In addition to this, the rays are believed to have an effect upon the surrounding tissues, which contributes to the cure of cancer.

Both x-rays and radium in excessive dose, are very dangerous, so those in charge of treatment must use the greatest care in prescribing the dosage used, and in adopting safeguards necessary to the protection of both workers and patients. The use of irradiation, whether from x-rays or radium, demands prolonged experience and meticulous care. It is a form of treatment that can only be successful and be carried out safely in an institution for the purpose, in the hands of skilled operators; it is NOT one for the general practitioner. Everywhere this fact must be stressed. The rays of radium and the Roentgen rays are invisible, potent agents for good when properly used; they are dangerous in the hands of persons unskilled in their use.

Roentgen or X-Rays—On November 8 1895, a new kind of ray was discovered in Wurzburg, Bavaria, Germany, by Prof. Wilhelm Conrad Roentgen, Professor of Physics in the University, a Doctor of Philosophy.

For the first time was seen a light never before observed on land or sea. It was a faint, greenish illumination upon a bit of cardboard, painted over with a fluorescent chemical preparation. Upon the faintly luminous surface was seen the line of dark shadow. The experiment was carried on in a darkened room from which every known kind of ray had been scrupulously excluded. A Crookes's tube stimulated internally by sparks from an induction coil was provided and carefully covered by a shield of black cardboard impervious to every known kind of light. Nothing was visible until the hitherto unrecognised rays, emanating from the Crookes's tube and penetrating the cardboard shield, fell upon the luminescent screen, thus revealing the new rays.

The visible rays, they were invisible until they fell upon the chemically painted screen—were found to have an enormous penetrative power, passing through cardboard, cloth and wood with ease. They would go through a thick plank or a book of 2,000 pages. But copper, iron, lead, silver and gold were less penetrable, the densest of them being practically opaque. White flesh was very transparent, bones were fairly opaque, and so the discoverer, interposing his hand between the source of the rays and the luminescent cardboard, saw the bones of his living hand projected upon the screen.

The x-rays have much the same effect as the rays from radium. They are really the same thing but can be used where the local situation of the growth prevents the ready application of radium.

In certain places in Germany, for example, cancers of all kinds are treated with x-rays, the projector of the rays being forced in close to the growth, in the abdomen or breast, just as one can force one's fist into a soft pillow. Both the rays of radium and x-rays can be accurately measured, there being an international "yardstick" for this purpose, thus allowing of the dose in one country being the same as in another.

Neither radium nor x-rays are cure-alls: they are auxiliaries to surgery in the treatment of cancer, with the fortunate exception that in cancers of the mouth, throat, lips, skin and the uterine cervix, they are probably better methods of treatment than surgery.

Hopes for the Cancer Patient

Thousand of reports of cancer have been accumulated all tending to show that this disease of humanity is almost never hopeless; that cures have been obtained in seemingly the most futile cases, and that the greatest obstacle to the improved treatment of the disease is the mental lethargy and the hopeless attitude of the general public.

This public condition can be changed only by education, by the use of the true facts about cancer, by the spread of knowledge as to newer and improved methods of treatment and by urging the public to present themselves to the physician not when the earliest signs appear, but yearly after 35 years of age, just as they visit the dentist.

Prevention of Cancer

Prevention of cancer may be achieved to a considerable degree by the education of the public and of doctors; nurses and dentists in the early signs of the disease.

It is a lamentable fact that, all over the world, one sees the majority of cases coming too late for treatment. There is a fear of cancer. The only fear should be the fear of delay. Education in the early signs of cancer will be of service; the great hope is the public health education of the child. In this work every professional unit can assist; the doctor, the dentist, the teacher and the nurse. There must be wide publicity, through the press, bv radio, by exhibits, by lectures, pamphlets, and by personal contact. These will cost money, but no money could be more wisely spent. The periodical health examination, like the yearly visit to the dentist, would save many lives.

What the Nurse Can Do in Cancer Control

The trained nurse as we know her, is a comparatively modern institution, whose duties lead her to an infinite variety of work, for which she was not at first designated. Trained at the outset for the care of the sick alone, the field of the nurse has become broadened so that she is now widely engaged in the work of preventive medicine. Her first essay in this direction was among school children in the effort to limit the spread of infectious diseases. The employment of school nurses is barely thirty years old, and at the moment there are approximately 6,000 nurses so engaged in England alone. This field of work has become widely extended in most countries and embraces not only the prevention of infection among school children, but also the control of tuberculosis, of home visiting, the welfare of the school child and of the mother and family. The factory has been invaded and an effort made to protect the worker by first-aid, and in the control of occupational diseases. Briefly, the sick nurse has become a public health nurse whose arena of action lies in the vast field of preventive medicine.

Cancer is a disease in which high service may be done in prevention. There are many pre-cancerous conditions, the danger-signals of which are readily seen. There is the red flag of irregular hæmorrhage, the unhealing sore on mouth, lip or elsewhere, the lump in the breast, intelligence of which usually reach the nurse before anyone else.

The trained nurse, because of her education, her sympathy, her devotion to duty, and the confidence she inspires, is perhaps the best public health educator. The training of the modern nurse leaves little to be desired; her sympathy is the proverbial sympathy of women-kind, she gains a confidence from women akin to that possessed by the family doctor: her devotion to duty is never questioned. She is, particularly in respect to her own sex, in a position to be of the greatest service in cancer control.

May I suggest that the nurse should cultivate this field of preventive medicine, that she should learn as much as possible about cancer and that she should embrace every opportunity of spreading among her clientele methods of prevention.

In concluding may I refer to that great Memorial of the War in Edinburgh, which some of you have no doubt seen. On the western wall is a bronze tablet depicting the work of the nursing services, and beneath the lines:

> "They shall not grow old as we that are left grow old,
> Age shall not weary them, nor the years condemn,
> At the going down of the sun and in the morning,
> We shall remember them."

Editorials

AN APPRECIATION OF TRUTH

A sale of fourteen hundred copies of the Survey Report in one month after publication! That is the unprecedented record of the purchasing power of Canadian nurses. Searching for the reason for such interest, one is compelled to recognise that through the years there has been an evolutionary process going on quietly but effectively. Out of the time when the nursing group was inclined to accept the *status quo,* somewhat resenting adverse criticism, has evolved the present-day attitude: one of increasing appreciation of revealed truth.

Admittedly the Survey has been a purposive and comprehensive attempt to ascertain and appraise existing conditions. Those who have read the Report with care are aware that in spots it cuts deep. Fearlessly but sympathetically and constructively it penetrates to the core of nursing problems. The result is an unearthing of conditions, some disquieting, others encouraging. True it is that some recommendations are open to controversy. It would be phenomenal and probably unhealthy to find any such work with the conclusions of which all could agree totally. The biennial meeting of the provincial associations will do justice to the controversial aspects of the Report.

The present interest of the writer, though profoundly impressed with the quantity and quality of information presented, is not that but rather the attitude of the nursing group toward existing facts. On the whole, it is magnificent. The determining factor is not so much the gravity of some aspects of truth revealed, but the spirit of the profession in facing the facts. There are signs of a broadened outlook, of the gaining of a truer perspective. In short, evidence is not wanting that there is an acceptance and appreciation of truth. If that be the case, a long step has been taken toward a goal that will be reached eventually.—F. H. M. E.

THE SURVEY REPORT

It was with eager anticipation Canadian nurses awaited the release from the press of the Report of the Survey of Nursing Education in Canada. Now that copies are available, we know we are expressing general opinion when we state that we are justly proud of the appearance and contents of the Report.

It was in June, 1927, at a specially arranged conference of representatives from the Canadian Medical Association and the Canadian Nurses Association, called to determine on procedure in making a study of nursing conditions in Canada, that it was decided some constructive action should be taken in an effort to secure accurate and detailed knowledge of nursing in Canada from the standpoint of the nurse, the doctor and the public which is served by both professions. A Joint Study Committee was appointed, composed of six members: Miss Jean Gunn, Miss Kathleen Russell and Miss Jean Browne, who became secretary of the committee; Dr. A. T. Bazin, Dr. Duncan Graham and Dr. G. Stewart Cameron, who was appointed chairman.

Following intensive consideration of the whole question, this committee unanimously agreed that the situation demanded a thorough study from coast to coast and that a competent person experienced in the direction of such investigations and belonging to neither of the professions directly interested, should be secured. The committee was fortunate in obtaining the services of Dr. G. M. Weir, head of the Department of Education in the University of British Columbia.

At this early date we dare not presume to express full appreciation of the Survey contents. The Report is a colossal volume that will take months to study before we can voice a detailed opinion on its contents. The Director, Dr. Weir, was given the following directions from the committee: "Get at as many facts regarding nursing conditions as possible, interpret these facts in the light of the most approved educational and sociological principles: do the work thoroughly and for all Canada." In the Preface, Dr. Weir states that to have followed those instructions to the letter of the law, his study might readily have extended over a period of four or five years.

His report, including field work, was accomplished in approximately eighteen full months, and while it may not represent the degree of thorough investigation resultant of a longer period of study, the report reveals that he has given Canadian nurses a vast compilation of facts, coupled with an unbiased discussion of the principles involved. Dr. Weir has accomplished his work for the C.M.A. and the C.N.A.; the national Joint Study Committee can view with assured satisfaction the accomplishment of the aim outlined over four years ago; future action rests with ourselves.

We owe a great debt of gratitude to Dr. Weir; we are justly proud of the members of the C.N.A. who have given so lavishly of their time and ability in co-operation with the representatives of the C.M.A. on the Joint Study Committee; we express our sincerest thanks to them. But the best way by which Canadian nurses can demonstrate their appreciation of what has been done for them is by procuring copies of the Report—its appearance alone is worthy of a prominent place on one's bookshelf, better still among one's often used reading section—and by an earnest and determined study and application of the recommendations made by the Director. Should we do so, and unitedly endeavour to improve nursing education and nursing conditions, there is not the slightest doubt but that nursing and nurses in Canada will take their place as one of the nation's greatest assets. Can we do that?

We thank Dr. Weir and the members of the Joint Study Committee. These words seem small, but behind them there is a gratefulness that will linger throughout the months and years as members of the Canadian Nurses Association continue to demonstrate their solidarity of purpose.

THE LANCET COMMISSION ON NURSING

Our readers are aware that studies of nursing education and nursing service have been carried on simultaneously in England, in the United States and in Canada. The study in England was initiated by *The Lancet*, a medical journal, first announcement of which was made early in November, 1930.

Editorial comment on the Second Interim Report of the Lancet Commission, made in the October number of this *Journal*, stated that probably the final reports of the studies in England and Canada would appear about the same time. An interesting coincidence is that the Lancet Commission Report was released within a day or two of the Survey Report in Canada.

In the United States the second grading of schools of nursing is well under way and recently the Director of the Grading Committee announced that a surprisingly large number of the 1744 schools that took part in the first grading have already sent in their forms.

Copy of the Lancet Commission Report was received in Canada too late for more than brief mention in this issue. The Report can be ordered from The Lancet, 7 Adam Street, Adelphi, London, W.C.2, England. Post free 2s. 9d.

Manic-Depressive Psychoses

By A. L. MacKINNON, M.B., Homewood Sanitarium, Guelph, Ontario.

The Manic-Depressive Psychosis is the most picturesque form of mental disease. It derives its name from the fact that both depression and mania may appear in one individual. This may happen in any one of three ways:

(1) One phase may follow immediately on the heels of the other.

(2) An attack in which only one phase is seen may be followed years later by an attack illustrating the other phase.

(3) Some of the symptoms of depression and mania may occur simultaneously as seen in the so-called mixed type.

The first of these three is the type most commonly seen and the third is the most unusual. It should be added that a great many individuals suffering from manic-depressive insanity are afflicted with only one phase of the disease, i.e., they suffer from mania without ever being depressed or suffer from depression without ever being excited.

Etiology

As is the case in many other forms of mental disease, the etiology is obscure. The most commonly accepted view is that the individual who suffers from this disease has been born with a constitutional mental weakness and consequently heredity comes in for a major share of the blame. At any rate, it is common to find a history of mental disease, epilepsy or alcoholism in the immediate family of a manic-depressive patient. There are, of course, precipitating factors that must receive consideration. The commonest ones may be cited as follows:

(1) One or more serious physical illnesses or injuries.

(2) One or more shocks in the form of sudden deaths in the family, occurrences leading to social disgrace, etc.

(3) Economic crises or other purely environmental factors.

(4) Any constant worry, especially if considered too private to be discussed with other individuals.

Patients frequently have shown abnormal trends for years before suffering from a definite attack. Common examples are emotional instability, the "high-strung" temperament, defective judgment, uncontrollable temper, a tendency to extreme "ups" and "downs," alcoholism and undue worrying. It must be remembered that these conditions are not the cause of the subsequent "breakdown" but merely early manifestations of a tendency toward mental disorder.

Symptomatology

I. The Excited Phase: The onset is usually gradual, though the significance of the early symptoms is commonly missed by the relatives. The result is a history of a somewhat sudden and startling onset. By questioning relatives or associates closely regarding the period preceding the frank symptoms, one learns that the individual has shown a deviation from his normal for weeks or months. The change in personality most commonly noted is toward egotism, euphoria, over-activity in both mental and physical realms, marked sociability, easily aroused temper, inability to concentrate, poor judgment, extravagance, etc.

When the disease has reached its zenith the above symptoms are greatly magnified. The sense of self-importance is so great that definite delusions of grandeur are present. The patient considers himself possessed of great physical and mental ability, is very wealthy—talking in millions, or comes of a very noble family. Power of concentration is almost nil and the mind quickly wanders from one subject to another. There is usually some clouding of consciousness which amounts to deep confusion in the most severe cases.

There is some degree of disorientation, especially in the personal sphere. Patients will invariably call strangers by the names of people they have previously known owing to slight resemblances in appearance which the normal individual would fail to notice.

The intelligence is sharpened in the mild and moderate cases; in fact, the wit of the manic is proverbial.

Emotions are unstable — friendly one minute and antagonistic the next, and the same rapid change from laughing to crying. Hallucinations are noted only in the more severe cases, and are usually of the auditory type. It is not uncommon for a patient to pretend he hears voices and sees visions in which case he brags about them. In the physical realm one sees insomnia, lack of appetite, loss of weight and rapid pulse. Such symptoms are usually secondary to the mental disturbance.

The picture which one carries away after seeing an acutely excited patient is that of a very mischievous and likable individual who is constantly on the move, talking incessantly about everything or anything, frequently swearing, shouting, singing or rhyming. His expression shows his excitement. His room and person are untidy and often decorated in a bizarre fashion with coloured pictures or anything available. In the most severe cases, the patient is destructive to clothing, furniture, dishes, etc., and often violent to those about him.

II. The Depressed Phase: Here also the onset is gradual but one must imagine a set of symptoms which are the direct antithesis of those seen in a manic attack. There is a gradual lessening of mental and physical activity, a feeling of unhappiness creeps over the individual, so that he does not want to be seen. Ambition and energy gradually diminish so that interest in the ordinary affairs of life is lost. Worry is almost continuous and it is amazing how readily something is found about which to worry. One worries about financial matters, another about his physical health. One is uncertain about the welfare of his soul and another is afraid that his relatives are all dying. There is great variation in the severity of the attacks, and a good deal of variety in the symptoms. In the severe cases the above features are accentuated and besides we see delusions of unworthiness and wrong-doing, with which is associated a tendency to suicide. We see mental confusion in varying degrees and knowledge of time and location are often lost. Auditory hallucinations are not uncommon, the patient frequently stating that people are talking about him. There is often fear of impending disaster. Besides these purely mental symptoms, there are physical disturbances such as loss of appetite, loss of weight, insomnia, change in pulse rate—slower in the retarded types but always rapid when there is agitation. Stubborn constipation is the rule.

It is difficult to engage the depressed patient in conversation, but when he can be induced to talk the burden of his remarks will be: "I am not sick, my condition is the result of sin, I am getting worse each day, I will never be myself again, and it is useless to try to do anything for me." One woman says she has committed the unpardonable sin by blaspheming the Holy Spirit, another says her habits have caused suffering to all about her.

Course

The majority of cases reach the peak of severity in the course of a few months from onset of first symptoms. The acute stage usually lasts two to four months and this is commonly followed by a prolonged convalescence. Recovery frequently occurs by a series of steps with intervals in which there is no improvement and often retrogression is seen. Sudden recoveries are very spectacular but unfortunately are rare. There is great variation in the duration of the attacks in different people, but usually it is a matter of months and often a year or more before recovery is complete.

Prognosis

As a rule cases of manic-depressive insanity without complications recover. There is always danger of a recurrence of the disease. There is no rule to govern the frequency of the attacks; the interval between may be anywhere from one to twenty-five years. Patients in later years of life may pass from one attack to another without fully regaining health at all. The second and subsequent attacks are apt to be more prolonged than the first, and the periods of good health become shorter. Some cases seem to go through a definite cycle—one woman in our experience has had a manic attack regularly every twenty-four to thirty months for the past twelve years. The manic phase reaches the height of its severity in about one month from date of first symptoms. She remains in the acute stage for four to six months and is mildly elated for two or three months. This phase is followed by a spell of mild depression lasting two or three months. This leaves twelve to eighteen months of normal health before the next attack.

Preventive Treatment

While the foundations of the personality are laid before the individual is born, still much can be done to prevent disaster by careful management on the part of intelligent parents, teachers, physicians and others who exert a powerful influence. It is impossible to lay down rules enough to guard against every pitfall and for the most part we must depend on sound common sense, leaving a good deal to Mother Nature. Discipline is essential, especially self-discipline which the child learns best by example, but it is easily overdone with the result that we see a child with the initiative frightened out of him or a stubborn individual who has become heartily sick of all authority. Unfortunately, preventive treatment usually begins after the first attack has caused considerable damage. It is then that a superabundance of tact is required in order to guide and control the sufferer without his knowledge. If he appreciates the nature of the illness through which he has passed he will be willing to take steps to prevent a recurrence. Many patients look back upon a manic attack as a minor incident which resulted from abuse at the hands of relatives or business associates. These people present a difficult problem. Although no form of preventive treatment will be applicable to every case, one should endeavour to induce the subject to lead a well balanced life which merely means — steady work, regular exercise, a sensible diet, a moderate amount of recreation and avoidance of excesses of any kind—in work, in the use of alcohol, in the observance of religious rites.

People showing a depressive tendency need encouragement, extra food and extra rest. The feverish efforts of friends to "cheer up" this man are definitely harmful. He is unable to do as much as the healthy, energetic person and should not be asked to attempt it.

General Principles of Treatment

It is useless to say much about the treatment of excited cases in the early stage. It usually takes some time for the relatives to realise that there is really any mental change and by the time the symptoms have advanced to the point where they are recognised as such, the patient is almost out of hand. What he needs is control and supervision, but any attempt at this usually results in rebellion. The final break is usually precipitated by an orgy of extravagance such as buying a house, a business or an aeroplane at an exorbitant figure, or the giving of costly presents to anyone and everyone, or some incident in which the patient runs foul of the law. Incidents like these usually bring home the fact that the time has come for institutional care. This is usually arranged for as speedily as possible, two practising physicians examining the patient and completing the necessary certificates. The relatives make the financial arrangements and place the patient in a mental hospital. Once in the hospital, treatment is easier because the patient can be kept under control. The common measures used in order to control excitement are continuous baths, hot packs and in some cases sedative drugs. In most cases drugs merely add to the mental confusion without controlling the excitement. One of the most essential points in the treatment and often the most difficult, is the administration of a sufficient quantity of liquids and nourishment to fulfill the bodily needs. Nourishing liquids should be given every hour, as acutely excited patients do not have time to sit down and eat a full meal. Elimination, of course, must be watched closely. In the milder cases and in the convalescent stage of the most severe cases, massage, exercise under supervision, occupational therapy and as many forms of recreation as are feasible, are of great help.

The treatment of the depressed patient is necessarily somewhat different from that of the excited individual, but here again the early symptoms are not considered indicative of mental disorder. Frequently one hears not only the layman but the physician say of the mildly depressed patient "All he needs is to be cheered up" and not infrequently that more radical form of treatment known as a "swift kick" is prescribed by kind and sympathetic friends. From a psychiatric point of view, the treatment of these cases is somewhat different. The patient is encouraged to take plenty of exercise in the fresh air, to eat frequently, and to indulge in a moderate amount of recreation. At the outset one attempts to explain to him the nature of his illness, at the same time giving a sympathetic ear to the expression of his many worries. In those cases which gradually become more severe, it is frequently the threat or fear of suicide that finally leads the relatives to arrange for institutional care. There are, however, many severe cases of depression in which suicide does not seem to be at all likely, but it is necessary to have experienced nurses to take charge of the patient's feeding and other essential matters relating to their care. The deeply depressed patient should be kept in bed, especially if there is any great degree of agitation. In those individuals who are reasonably robust physically continuous baths may be used. Often the patients are severely debilitated so that one hesitates to exhaust them still further with this form of treatment. I think there is no doubt that the most important point in the treatment of these cases is the administration of an ample amount of nourishing fluids. Massage, hot packs, dry packs, tub baths, all help to soothe the patient. Sometimes music or reading to the patient often has a beneficial effect. In the less severe cases, a gradually increasing amount of exercise in the fresh air, occupational therapy, organised games and other forms of recreation are found very helpful. So far I have said nothing of the treatment of that troublesome symptom, insomnia. At first one always tries to overcome this by fresh air and exercise, baths, massage, packs, warm drinks at bedtime and through the night, but in many cases these measures do not bring results, and the use of one or other of the mild sedative drugs gives the patient the desired rest so that he is able to carry on more satisfactorily with the next day's regime.

In conclusion I want to say a more personal word on behalf of the mental patient. It is most important for all those on whose mercy he depends to remember that first of all he is a human being, that his weaknesses are only the weaknesses of us all, temporarily exaggerated. Often his powers of observation are more keen and he is more sensitive to any word or action which may help or discourage, than is the so-called nor-

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

mal individual. It is easy to develop the attitude that it does not matter how one treats or what one does for a mental patient, because he may not know what is going on and does not appreciate the kindness shown him. As a matter of fact, the manic depressive patient has an exceptionally keen memory and long after he is well can relate in accurate detail practically all the incidents associated with his attack. If he does not thoroughly appreciate what is done for him when he is ill, that appreciation comes with recovery, and expressions of gratitude are heaped upon the individual who has been kind and sympathetic throughout.

The Nursing Care of Manic-Depressive Insanity

By EMMA PETERS, Homewood Sanitarium, Guelph, Ontario.

In order to give our patients the best of nursing care, it is important that we acquaint ourselves with all details of their condition. Each case of manic-depressive insanity differs from another but there are some important routine measures. Some patients suffer from repeated attacks of the manic phase of this disease, others from alternating attacks of the manic and depressive phase and others again, from the depressive phase only. For the sake of simplicity, I shall endeavour to describe the general routine measures for each phase separately.

The Manic Phase

On admittance to the hospital, it is a rule to put the patient to bed in a room where quiet is possible and all sources of sense stimulations are reduced. This bed period, of course, varies in length of time with the case. In the nursing-care of excited patients we have to deal with a number of conditions. The one most noticeable at first meeting is, probably, described best as motor-hyperactivity. The means of dealing with this condition depends upon symptoms. In years gone by, restraint in various forms was much employed but this form of treatment has gradually been discontinued and many hospitals today do not permit its use. Hydrotherapy has been substituted with gratifying results. In hospitals where it is still employed the rules, governing its use and application, are very strict. The forms which are authorised are prescribed as well as the duration of the treatment and the keeping of records regarding the same. Only in extreme cases where the patient becomes a danger to himself and to other patients, the physician orders the application of the protection or safety sheet. This allows some freedom of movement and at the same time controls the aimless, violent activities. Quite often, the patient is so exhausted that he will go to sleep soon after being placed in the protection sheet and will wake up quiet and manageable. During this treatment, the patient must be watched carefully, pulse and respiration noted frequently, water given freely, face and neck bathed with cold water and ice applied to the head. After removal from this pack, the patient is given a bath and fresh gown and is placed in a newly made bed.

Continuous baths are usually prescribed by the physician to aid in reducing excitement. For this purpose a special apparatus is installed in each modern hospital for mental diseases and each nurse is taught the proper use and application and care of the patient before, during and after the treatment.

The danger of excitement is progressive weakness due to sleeplessness and lack of food for both of which such patients are often "too busy." The question of diet is very important, to quality as well as to quantity. Much time and perseverance are required to accomplish results. Large quantities of fluids are particularly desirable. Often, the nurse has to resort to spoon-feeding.

Proper elimination and sleep must be secured. The nurse should exhaust every means at her command to induce sleep before making use of the drugs which have been conditionally prescribed by the physician.

Special care must be given to mouth, tongue, teeth and lips as many of these patients talk or sing continually. The usual baths will tend to relieve the dryness of the skin. The finger-nails should be closely trimmed to prevent scratches.

One main object in the nursing-care of excited patients is to bring their disordered conduct into more normal channels. In many cases, the nurse can direct their use of energy by suggesting some other form of activity. Only those forms of work which make use of the coarser movements should be attempted: tearing rags for rugs and rolling them into balls, knitting on large needles with coarse yarn, brushing the floor, pushing the floor-polisher or, perhaps, some work outside, digging, raking, rolling the lawn or any outdoor or indoor sport, music and dancing.

Associated with motor-hyperactivity we find mental hyperactivity. Patients' thoughts rush headlong and they have what we call a "flight of ideas." As a rule, these patients have a marvellous memory. It is best that the nurse's answers to the patients be studied and consistent and that she avoid fruitless arguing. A good rule is to approach them with calmness and quiet dignity. They are observing and imitative. It is often advisable to let them write, perhaps, on their own life history or some other subject that pleases them. It is easier to direct than to break their activity.

The manic patients' senses are over-strong and over-acute, therefore it is best to make their surroundings as simple as possible. Often on account of their tendency to strong likes and dislikes it becomes necessary to exchange nurses. Again, we meet with a tendency to "devilishness" when patients know that they are looked upon as being irresponsible and act accordingly. Such patients must be made to feel that there is a power of control. Firmness and fearlessness can meet these tendencies. In cases where patients become violent, the following measures can be taken: Control of associations, to display no fear, to have enough help on hand and not to forget that the patient may secrete articles for weapons. One measure is restraint of which I have spoken before, and drugs.

The Depressive Phase

It is said that these cases are the commonest form of mental disease and I feel free to say that they are a sure test of a good psychiatric nurse.

The initial bed period varies with the case but is usually longer than in the case of mania, on account of the sub-normal physical condition associated with the disease. Since the state of mind is at the basis of the condition, it is well to cultivate a thorough understanding for the thoughts and feelings of depressed patients. The first impressions which they receive on entering the hospital are important. If the nurse can win their confidence in the beginning much is gained. Nearly all have some definite grief whether based on facts or on delusions. Contradicting them will not only help them but will also cause a withdrawal of confidence.

All actual nursing procedures are directed toward the building up of their physical condition. All physical functions are lowered or diminished and all symptoms have to be treated as they arise. Food is often refused because they think they do not deserve it or have no money to pay for it, or will deprive others who need it more, or have a desire to "starve to death." This problem taxes the resourcefulness of the nurse. It is of the utmost importance that they take a sufficient amount of nourishment each day. Frequently, this can be accomplished by spoon-feeding, but in some cases all measures fail and the physician has to resort to feeding by tube.

Insomnia is one of the outstanding symptoms and must be combated by all available measures. These patients must be kept warm for sensation is often dulled and they will not complain of feeling cold. Massage is beneficial and often the salt-glow is prescribed. In many cases the physician will order electrotherapy to be applied for its stimulating effect. All secretions and excretions must be watched. Many depressed patients show agitated movements of restlessness. This condition is met by hydrotherapy, rest treatment and in extreme cases by drugs. Others suffer from psychic inhibition, a condition in which they cannot seem to sum up enough energy to do anything, often answer with some delay and show that it affords them some effort to think and speak. The recognition of this state of mind is important. The nurse has to make their decisions for them.

All depressed patients have a tendency to morbid thoughts and actions and it is of the utmost importance that the nurse never lose sight of the fact that each one is a possible suicidal risk. No depressed patient must be left alone at any time for the planning of suicide is the one most prominent and absorbing idea. Space forbids the enumerating of all methods and devices which are used to accomplish this end but I may say that by far the commonest methods are: strangulation, drowning and the severing of blood-vessels. It is imperative that vigilance be never relaxed and that all articles which the patient may have secreted for the purpose of self-injury or destruction be removed. This should be done in such a manner as to avoid the disclosure of distrust and lack of confidence. These patients should be cared for in bright, sunny wards or rooms and surrounded by an atmosphere of cheerfulness and hopefulness. The best way to approach suicidal tendencies is an absolute frankness in entering the subject with the patient. Often, we get a clue to what might be done to prevent danger. Never should the nurse accept a promise of a suicidal patient and not forget that the time of greatest danger often is the day of removal from the hospital. This may be caused by a fear of another institution or a sense of inability to take their place in the world. When a nurse sees this, she should not hesitate to report it at once.

One of the most helpful nursing measures in the case of depressive insanity is the introduction of some suitable occupation. Precaution, however, must be taken to avoid fatigue, to avoid that form of work which in the patient's mind precipitated his breakdown and to avoid the danger of suicide by such instruments as scissors, steel crochet hooks or knitting needles, etc. These patients need much encouragement and frequent assurance that their work is being well done. Occupational therapy is in itself too large a subject and can only be touched on in this brief space.

A well known physician has said: "A cheerful, intelligent nurse of good judgment can do more for these patients than all the doctors and drugs in creation." I should like to add a few lines which seem to express what Dr. C. B. Burr calls: "The ethical and spiritual side of nursing:"

And last, not least, in each perplexing case case
Learn the sweet magic of a cheerful face,
Not always smiling, but at least serene
When grief and anguish crowd the anxious scene.
Each look, each movement, every word and tone
Should tell the patient you are all his own,
Not the mere artist, purchased to attend,
But the warm, ready, self-forgetting friend
Whose genial presence in itself combines
The best of cordials, tonics, anodynes.

(Oliver Wendell Holmes, M.D., 1849.)

The Romance of Nursing and Medicine

By **FLORENCE COLE**, School of Nursing, Galt Hospital, Galt, Ontario

When we examine the records of history we find that nursing, as we understand the art today, is really of very modern origin. However, there has ever been the need for the care of the sick, and this need had to be met and dealt with to the best knowledge and understanding of the times, crude though it may have been.

Most intimately have medicine and nursing always been allied, therefore it is necessary that we briefly trace the progress of each from primitive man down through the ages.

How could the "Ancient" conceive of his joints as levers, of his heart as a pump, of his lungs as a furnace? How could he imagine that the air was thronged with millions of little invisible ministers of disease? He might sacrifice to gods; he might carve and cook his foe, thus gaining some idea of the rough structure of the human body, but of the body in its relationship to physical laws he had no conception. And, if to the savage the body was a mystery, a half-apprehended possession, how much more were the body's diseases! What a bewildered creature he must have been; now paralysed by an invisible weapon, now convulsed by invisible forces; painted now red by measles, and now white by leprosy. Naturally, diseases with such mysterious causes required mysterious cures, so that offerings to the gods, and charms, and incantations must have seemed appropriate remedies. In the gods no thinker believed, but, as usual, thinkers were few and the mass of men clung to their superstitions.

To a few great scientific minds we owe all the real science of the world. Had we been left to form our own cosmic and physiological theories they, too, would perhaps be very weird and fantastic.

The oldest medical treatises known are the medical papyrus discovered by Professor Flinders Petrie, near El Lahun, about 1872 A.D. (found between the legs of a mummy), dated about 1500 B.C., the Berlin Medical Papyrus, 1400 B.C., and others. Some of the cures mentioned in these documents are said to have originated in the time of Cheops, 3700 B.C., and all of them show that medicine had been heretofore and was then essentially a magic art, and the physician more or less a priest. Even in early times drugs were plentiful, and we find that the ancient Egyptians were acquainted with numerous remedies, such as opium, castor-oil, peppermint, yeast, turpentine, magnesia, iron and soda. The Egyptians made pills, too, and plasters, powders, and ointments. The custom of embalming, which was a religious ritual based on religious beliefs, was a valuable anatomical training, for in the process of embalming, the heart and the viscera were removed and put into jars. In spite of such practice, however, the anatomical knowledge of the Egyptians was very imperfect.

In the Western world medicine began in Greece. We meet with fragments of contemporary medicine in the earliest Greek literature. When we come to the period of Greek philosophy we find that charms and incantations, and magic of all kinds, are beginning to play a less important part in medicine. The king of the physicians of the period of Greek philosophy was Hippocrates, usually called the Father of Medicine. The Greek mind was emerging from the rosy mist of myth and superstition, and in the dawnlight of reason was learning to distinguish between fact and fiction. In practice, Hippocrates relied more on general measures than on drugs. He poulticed, bled, dieted; he gave purgatives and diuretics as required; he prescribed baths and change of air. A special feature of the Hippocratic system of medicine was its study of symptoms with a view to diagnosis and prognosis.

Galen, 131-201 A.D., a follower of the Hippocratic school, was the most skilled practitioner of his time, but has left on record only miraculous cures. He was the founder of experimental medicine; was first to describe the cranial nerves and sympathetic system.

Vesalius, a Belgian anatomist of the sixteenth century, may be counted the originator of modern anatomy and the layer of the foundations of modern medicine.

The founder of modern scientific surgery was Ambrose Paré, 1510-1590. He established the principles of surgical cleanliness, introduced massage, and many instruments.

The foundations of modern pathological anatomy were laid by Morgagni, 1682-1771. He performed the first autopsy.

Edward Jenner, an English physician, 1749-1823, experimented for many years with vaccine lymph as a specific for smallpox.

Louis Pasteur, 1822-1895, the French chemist, discovered the part played by microscopic forms of life in the process of fermentation and in the development of infectious diseases.

Surgery was completely revolutionised by the English surgeon, Joseph Lister, 1827-1912, by making use of the principles of asepsis and antisepsis.

The greatest clinical teacher of his time was Sir Wm. Osler, 1849-1919; a Canadian professor of medicine and pathologist. His influence on clinical and medical school education did more, probably, to elevate and advance the standard of medicine and, indirectly, hospital organisation, hence nursing, on this continent than any other single person.

It was religion which first induced women in the earlier centuries to take up the care of the sick as a charitable duty.

One of the earliest Christian hospitals of which we have record was one founded in Rome by Fabiola, a patrician Roman lady, in 380 A.D. Her life and fortune were devoted to the care of the sick poor. The deacons of the church attended on the poor until the fourth century of the Christian era. The hospitals were managed by the clergy. There was greater Christian charity carried on, especially in the country regions, for the people had the stranger to care for, and the sense of human duty was more binding than in the modern world. The members of nursing sisterhoods were at first not bound by vows and did not wear a distinctive dress. The religious habits worn by these women date from the thirteenth century.

Since the time of the apostles, pilgrimages were made to the Holy Land. Many hospitals were needed along the way to care for those who made these dangerous journeys, and this need was the means whereby a great number of hospitals were established.

We find many principles of modern sanitation mentioned in the Jewish law of Bible times, provision being made for food inspection, notifying certain authorities of communicable disease, disinfection, and quarantine.

The origin of the monastic system, which arose in the East, is undetermined, but at a very early date recluses shut themselves out from the world and lived in solitary retirement and devoted themselves to prayer, religious exercises and works of charity. The deserts of Egypt were thronged with recluses. Times were lawless and the monastery gave shelter under protection of the Church. Decline came in the system in the form of a protest against the formalism and self-repression which crept into the monastic life. Then we find secular nursing orders developing.

These orders, founded in 1296, have carried on from that time until the present, in the Florentine cities.

They were highly distinguished for their splendid works and broad professional ideas. Many women who endowed the hospitals gave their lives to service in caring for the sick.

The period from the later part of the seventeenth century to almost the middle of the nineteenth century is a dark one in the annals of nursing. The care of the sick was left largely in the hands of the ignorant; even among the various sisterhoods progress came to a standstill, and hospital conditions were unspeakable.

Toward the end of the dark period of nursing, in 1836, an institution for the instruction of deaconesses, under the direction of Pastor Fliedner and his wife, was founded at Kaiserworth, Germany. It was with this undertaking that modern nursing may be said to have begun.

One of the most unique characters in the history of nursing was an English woman, Florence Nightingale, born May 12th, 1820. She was an eminent sanitarian and statistician, with a deep interest in hygiene and the conservation of health. At the outbreak of the Crimean War, 1854, Miss Nightingale, with her staff of forty nurses, went to the East to take charge of the distressed, neglected, sick and wounded British soldiers. They found conditions in a most pitiable state of neglect—no sewage system, no laundry or supplies of any kind; and the death rate had reached fifty per cent. Miss Nightingale's greatest achievement was that she practically overthrew the whole method of managing the British army sick and wounded. Aside from nursing service, she installed sanitary engineering, brought in supplies and equipment. In gratitude to Miss Nightingale, the British nation presented her with a substantial sum of money, which she used to found a nurses' training school in St. Thomas's Hospital, 1860, under the superintendency of Mrs. Wardroper.

Dr. Anna Hamilton, of French birth, 1864, became the pioneer of the Nightingale system in France.

Linda Richards (1842-1930), after distinguishing herself by her work in Boston, founded a mission training school in Japan. On her return she carried on a training school and reformation in hospitals for the insane. The New York Hospital (1771) was first to make the attempt to instruct its nurses. In 1861, the Women's Hospital, Pennsylvania, opened a school for nurses.

The Mack Training School of the General and Marine Hospital, St. Catharines, Ontario, was opened in 1865, and in 1873 it was organised on the Nightingale principles—matron of nurses' home and four graduate nurses. The training school of the Toronto General Hospital was opened successfully in 1881, that of the Winnipeg General Hospital in 1887, while in 1890 a school was established in the Montreal General Hospital.

As we have traced down through the ages, we find as each period unfolds it has revealed to us some wondrous revelation of the arts of medicine and nursing, and we know not what hidden treasures the future holds in store for us.

Bibliography:

The Romance of Medicine—R. C. Macfie.
Outlines of Nursing History—Goodnow.
Short History of Nursing—Dock and Stewart.
Sterling Rubber Company's Series on History of Nursing and Medicine.
History of Nursing—Dr. Maude E. Abbott.
Scrapbook: Material collected during past ten years—owned by the Superintendent.
History of Nursing Notes compiled while at McGill University—owned by the Superintendent.

[This essay was written by a member of the preliminary class, 1931, School of Nursing, The Galt Hospital, Galt, Ontario. In submitting this essay for approval for publication, the Superintendent of the Hospital explained that recently, for various reasons, she had changed her method in teaching History of Nursing. The plan followed at present is: The headings of the subject matter are given to the class, who secure information which is later checked in class. When the subject is covered each probationer is asked to write an essay on the History of Nursing, covering the ground she has found most interesting or instructive. The only stipulation enforced is that the student's own language must be used, not mere copying from any source of material.—Editor.]

Relationship of Doctor, Nurse and Patient in Hospital

By E. H. McHARG, Operating Room Supervisor, Jeffrey Hale's Hospital, Quebec, Que.

In any hospital, large or small, there are three groups: the doctors, the nurses and the patients. On the first rests the responsibility of directing the treatment of patients. In the hands of the second group rests the care of patients and their general well-being in hospital, often also, in their hands is the success or failure of the treatments given. The third group is the group for whom hospitals and their staffs exist. It is to care for and help suffering humanity that hospitals, expensively equipped and staffed by specialists, have come into being.

The equipment of a hospital and the care and skill with which that equipment is used are important. The general attitude toward patients and the co-operation of doctors and nurses are of great consideration in carrying on the work of a hospital harmoniously and successfully. Many patients have been cured almost entirely by the "bedside manner" of doctor and nurse, while the psychological reactions of patients to two groups such as doctors and nurses, must necessarily be of great importance.

The first contact with the patient entering hospital is made by the nurse receiving him. From this moment on the attitudes and psychological reactions of the patient become of supreme significance. To the majority of patients entering a hospital is a venture into the unknown, taken only under stress of circumstances and usually with many misgivings and some temerity. Frequently, the patient's first impressions are lasting, and here it is necessary that the nurse receiving patients should show consideration and understanding sympathy. True, a nurse may have experienced a very busy day and then shortly before going off duty have to admit a patient. The patient may be nervous and somewhat agitated, while the nurse is on "edge". Nevertheless, the nurse must make the experience as easy as possible for the patient so that his entrance may be a positive first step toward eventual recovery, and not a negative experience.

Once in hospital the attitude of both doctors and nurses influences the progress of the patient toward recovery. The daily contact of nurses with the patient should aid in recovery by increasing the confidence of the patient in the nurse and in her ability to further his progress toward eventual recovery.

The manner of the doctor when visiting the patient is also of great importance. In a large measure the patient looks to him for the treatment which will bring restored health. We are all familiar with the doctor who, in modern parlance, "breezes in" on a patient and in a hearty way assures him that recovery is now only a matter of days, and then breezes out again; something after the manner of a football coach giving his team a "pep talk" before a big game. Sometimes that is really the best treatment of all, but when used exclusively it is liable, often, to be worse than useless.

The opposite type of doctor is perhaps more common and also more of a negative quantity in a patient's recovery. On entering a patient's room he assumes his most funereal manner and after carefully examining the chart consoles him with the reassurance that if the improvement continues he may be allowed full diet next week. Probably before the doctor's visit the patient had visions much rosier than that, but after the visit he is not sure whether he will have full diet next week or whether by that time he will be feeding on the ambrosia of the gods of eternity. All of which produces a state of mind unfavourable to rapid recovery. Neither of these types further the welfare of the patient to the fullest extent. Many doctors, however, exhibit a great understanding, not only of medical science, which is the foundation of their work, but also of the reactions and mental attitudes of those who come under their care.

Nurses fall into similar classes to the above. Some nurses approach the patient in a nervous and excited manner which jars the patient's nerves, while others, in their efforts to pep up the patient, exhaust him. The nurse, however, who displays easy assurance in her care of a patient and interprets his needs without fuss or annoyance is much to be preferred to either and can do much to help forward the patient's recovery.

Where surgical cases are concerned, consideration of the patient's mental state and general condition is of even greater importance than in ordinary medical cases. Probably the thought of a fatal ending to the operation enters the mind of most such patients, and in actual fact such an ending is not unknown even where the operation is successful. Therefore, it is paramount that the patient be given every assurance possible before the operation. These cases are in a state of great mental agitation and especially when operations are performed under regional or local anaesthetic is it necessary to talk to and encourage the patient both before and during the operation.

The effect on the patient of the surroundings in the operating room and of all evidences of preparation for an operation are likely to be disturbing, and it is necessary for both doctors and nurses to co-operate in lessening the adverse reactions of the patient to the atmosphere of the theatre.

Nurses who scrub for operations exercise all the care possible in preparing a sterile field and the instruments necessary, but cannot anticipate demands of doctors outside of the requirements of the operation as posted. It is necessary that the utmost co-operation be shown on the part of doctors. It is manifestly impossible for a nurse who is taking an operation to know before the operation begins that a doctor after commencing an appendectomy will decide to do a cholecystectomy or a gastroenterostomy. When such a situation arises the doctor is likely to expect the immediate production of instruments outside of those required for the original operation, a thing which may or may not always be possible. Nevertheless, doctors usually expect such feats to be performed and are likely to register an adverse reaction if they are not; such an attitude is liable to reduce the efficiency of a nurse. When a major operation is being performed the nurse taking the case is under tension and it is the duty of the doctors to be agreeable and to co-operate with the nurse to the fullest extent in order that everything may go forward smoothly and harmouiously. For discord or friction to be developed at this time must have an unfavourable effect on all present.

Doctors are not always to blame for much of the unnecessary discord and friction in the operating room during an operation. The royal and ancient order of "passing the buck," to use a colloquialism, is by no means unknown to some nurses—one of the nurses who is responsible for instruments or other equipment is called on for something at an important moment, but cannot produce it, in quite a number of cases she blames the absence of it on some other nurse present who is not in any way responsible, thus a great deal of unnecessary friction is produced. Such friction and consequent loss of time is likely to have adverse effect on the surgeon. All of which creates an atmosphere the reverse of favourable for smooth and expeditious work; this shows the need for the maximum amount of understanding between doctors and nurses in carrying on the work in hand, and also the need for a greater appreciation, on the part of many doctors, of the work done by the nurses. With these should go the fullest consideration on the part of both for the comfort and welfare of the patients under their care, either in medical or surgical cases. Thus the atmosphere of a hospital may be improved and the work carried on in a more congenial and efficient manner than is sometimes the case.

The Saint John General Hospital

An event of great interest to the people of Saint John in general and especially to the nursing and medical professions occurred on October 21st, 1931, when the new Saint John General Hospital opened its doors for the reception of patients. For many years the need for increased accommodation had been urgently felt at the General Public Hospital. In 1929 Dr. Walsh, hospital consultant of the American College of Surgeons, was asked to come to Saint John and make a survey of hospital conditions. As the result of his investigations the old building which had been erected in 1862 was demolished and in its place there stands a modern, up-to-date hospital. The new structure, of stone and brick, stands ten stories high, on the hilltop of the old hospital site, and can be seen from practically every point in the city and for miles around.

In the basement are: large central linen room, sewing room, store rooms, mattress sterilising room, etc. On the ground floor west wing are the out-patients' department, with a large waiting room; social service department; casualty operating room, dental clinic and several examining and dressing rooms. In the centre of this floor is the main kitchen, with special diet kitchen adjoining, and in the east wing are the dining rooms for the staff and student nurses. A large cafeteria serves the student nurses.

All special diets are served directly from the special diet kitchen and food for general diets is sent to the floors in electrically heated containers and distributed from serving rooms on each floor. All the equipment in the kitchens is electrical. Adjoining the main kitchen are refrigerators, cold storage, vegetable preparation, butcher shop, bake shop and help's dining rooms.

On the main floor are the x-rays, physiotherapy and pathological departments, in addition to the general and executive offices, staff room, board room and record room, also internes' quarters and accommodation for thirty patients.

The third floor is the main section for ward patients, having one hundred and ten beds. The wards are all small, the majority having only four or five beds, the largest nine beds. Between each two wards is found a toilet and wash basin, which facilitates the work of the nurses to a great extent. A utility room with built-in cabinets is found in each wing, and the supervisor's station is in the centre, where she can command a view of the whole floor. A solarium is provided at either end for the use of convalescent patients. The fourth and fifth floors are for the use of private and semi-private patients, each having accommodation for thirty-eight patients. The sixth floor is for obstetrical patients. This is an entirely new department as the old hospital had no provision for maternity cases. A large, airy nursery is in the centre, the east wing has twenty-eight beds for ward cases, and the west fourteen private rooms. Three case rooms, labour rooms, preparation room, baby examining room and two post-natal rooms are available for the obstetrical department.

On the seventh floor is the operating theatre, case rooms, and a large central work room. In this room all the sterilizing for the whole hospital is done and the supervisors send in requisitions twice daily for supplies. The operating suite comprises three major and three minor operating rooms, urological and orthopaedic rooms. Between the two latter is an x-rays machine.

The eighth floor is given up to the paediatric service. In the centre is an observation ward of six beds, with utility and service rooms. Here the small patients are kept from six to eight days. The wards are cubicle style, with glass partitions, and at either end of the floor is a bright, sunny playroom, opening out on to the roof, where the little ones can get the full benefit of the sun, high up above the smoke and dust of the city.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss MILDRED REID, 10 Elenora Apts., Winnipeg, Man.

Educational Problems of the Small Hospital

By GERTRUDE JOHNSON, Superintendent, General Hospital, Neepawa, Man.

With the release of the Weir Report on the Survey of Nursing Education in Canada, there will be further discussion of the question whether or not the small hospital school of nursing can produce properly trained nurses. Much of previous discussion of this question has been unfavourable to the small hospital; we have failed to discriminate between essentials and non-essentials in dealing with such problems and also have confused quantity with quality.

To furnish proper instruction in nursing a school must have:

(1) A sufficient number and variety of cases to give all students reasonably good experience in medicine, surgery, obstetrics and pædiatrics.

(2) Sufficient up-to-date equipment for doctors and nurses to carry out modern procedures in the care of patients.

(3) Competent lecturers and instructors to assure the students adequate instruction.

(4) Competent supervision. Deficiencies can usually be met by affiliations, and although these are often difficult to arrange on account of class-work, many schools maintain them successfully.

The greatest difficulty is encountered in the matter of instruction, and here we find a strange theory—that one instructor is enough to teach all subjects, even when the curriculum requirements are stated in hours. Usually six or seven hours are spent daily in the classroom; if the instructor is to arrange her programme, prepare her lessons, correct papers and note-books, she will be devoting eleven or twelve hours daily to her work, much longer than is required from any other teacher.

Yet there are individuals who believe that one nurse can do all this and in addition carry the multitudinous duties of superintendent of the hospital and school of nursing, keep an elaborate system of records, do follow-up work on the wards—just because the hospital is a small one. The superintendency of even a small hospital and school is a full-time job, and any nurse who carries that responsibility has only a small margin of her time left to think about instruction, let alone doing it.

Probably the hardest stumbling block is that of convincing the members of the board that it takes just as much time to teach a small class as a large one and that one person cannot possibly be in two places at the same time.

Doctors are very loath to give up their time to lecturing; much time is required in educating them to become interested in Nursing Education; unless one has patience, tact and diplomacy it is difficult to anticipate encouraging results, and the whole matter may inevitably resolve itself into never-ending strife and source of worry. Hearty interest and co-operation on the part of the medical men in teaching according to the outlined curriculum is a most important asset of the school. The superintendent of a school of nursing once informed me that it was impossible to get the doctors to do very much lecturing: two, or perhaps three, rather ungraciously gave up a few hours of their time to nursing education, much of which seemed to lack even the

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

fundamentals of real teaching. There are very few student nurses who fail to recognise bluff, and the situation is apt to become a difficult one; however, to accept it in the light of the impossible is a grievous mistake. Nothing is impossible of accomplishment when one has acquired patience and diplomacy.

Competent instruction and supervision mean money, and funds for these are often quite inadequate. This can be overcome by an interested hospital board, with the help of a community sufficiently proud of its hospital to give the necessary backing, with few complaints.

The size of the hospital maintaining a school of nursing is only part of the story. Quantity is a poor standard by which to measure anything, and the quality of the training offered the students should be the determining factor in whether or not certain hospitals are fit to conduct schools of nursing; therefore, let us resolve to admit only the best material and to concentrate on quality.

An Interesting Refresher Course

By GRACE M. FAIRLEY, Director of Nursing, Vancouver General Hospital, Vancouver, B.C.

A Refresher Course for Institutional Nurses was recently arranged by the Graduate Nurses Association of British Columbia and its success was probably due to the very practical form it took. The need for better ward teaching and the responsibility of the head nurse was stressed through all the sessions.

Dr. George Weir gave a series of four lectures on teaching problems and with his wealth of information about the nursing profession, the problems he discussed and the recommendations made were most helpful. The various methods of teaching, types of examinations and their values were among the points under discussion.

Dr. A. K. Haywood gave four lectures on hospital administration and briefly but concisely took as his main topics:

(1) General administrative problems under sub-headings,
    (a) The admitting office,
    (b) The information desk,
    (c) The telephone exchange,
    (d) Publicity.
(2) (a) The essentials in a building programme to meet modern hospital demands,
    (b) The cost of maintaining an adequately equipped hospital,
    (c) The hospital's responsibility as an educative centre in the community.
(3) Food and food service.
(4) Laundry and laundry equipment.

These lectures were most instructive and helpful to members from large and small hospitals alike. They covered many of the problems found in all hospitals.

The nursing sessions, of which there were six, were conducted by Mrs. Wayland (nee Mary Marvin) of Columbia University, and were entirely based on ward management and ward teaching from the head nurse's standpoint. Her programme was carefully planned and very well presented. Model classes were given by members of the association which included a bedside clinic to a group of students, and a nursing class following a medical lecture. There were also contributions and demonstrations by the Victorian Order Supervisor, showing the type of instruction given to students taking the V.O.N. affiliation, a supervisor of a paediatric department outlining how the student nurse's course is planned and how and when clinics are given. A supervisor of an obstetrical unit also contributed to the programme by describing the teaching points to be covered in a special department.

The "Case Assignment Method" as a means of stimulating the interest of the student, and in developing powers of observation and responsibility, resulting in better bedside nursing, was brought out at all sessions. Nursing a patient as a whole rather than carrying out specified duties for a number of patients appeared to give the most satisfactory results. The pros and cons of both "Case Assignment Method" and "Functional Method" were very freely discussed.

Because of the very practical (as well as inspirational) form of this Refresher Course and the great benefit received by all members young and old, it was felt worthy of publication, so that any other associations contemplating such a course might benefit by it.

The details of Mrs. Wayland's sessions are appended. Her dignity and forcefulness as a practical teacher and her first-hand knowledge of the head nurse's problems, weaknesses, assets and what constitutes an ideal head nurse were all presented in a way that made for the great success of the course.

WARD MANAGEMENT AND WARD TEACHING

Tuesday, February 23.—2 one-hour periods:

1. Introduction to the programme on ward teaching: Mary M. Wayland.
2. The educational assets of a department or ward: Mary M. Wayland.

References:

1. 33rd Annual Report National League of Nursing Education, 1927, pp. 132-135.
2. 34th Annual Report National League of Nursing Education, 1928, pp. 145-154.
3. 35th Annual Report National League of Nursing Education, 1929, pp. 106-110.
4. A Curriculum of Schools of Nursing, pp. 37-41 (1929).
5. The Canadian Nurse Magazine, Dec., 1925, p. 639, Nursing Service in Hospital Wards: Fraser.
6. The Canadian Nurse Magazine, Dec., 1926, p. 634, Ward Administration: The Head Nurse.
7. The Canadian Nurse Magazine, Oct., 1930, p. 540: The Head Nurse as Teacher.
8. American Journal of Nursing, vol. 31 (1931), p. 541, Ward Content: Sewell.
9. American Journal of Nursing, vol. 31, p. 1429, Clinical Experience: Ruth Ingram.
10. American Journal of Nursing, vol. 30, p. 1053, Supervision of Clinical Instruction: Marvin.
11. An Experiment in the Correlation of Theory and Ward Experience in Surgical and Medical Nursing: Smith, A. J. N., vol. 28, p. 1135.

Wednesday, February 24.—4 one-hour periods:

1. The case method vs. the functional method in nursing: Mary M. Wayland. (Discussion from the floor urged.)
2. Principles underlying the assignment of ward experience to student nurses:
   - (a) Assignment of nursing responsibilities to students in a paediatric department; Miss Bertha Marsden, Supervisor, Infants' Hospital, Vancouver.
   - (b) Assignment of nursing responsibilities to students in an obstetrical division; Miss Oliver, Supervisor, Maternity Department Provincial Royal Jubilee Hospital, Victoria.
   - (c) Further discussion: Mary M. Wayland.

References:

1. Teaching Nursing by the Application of the Case Study Method: Effie Taylor, Modern Hospital, Dec., 1926, p. 112.
2. Methods of Rotating Students: Bacon, American Journal of Nursing, vol. 31, p. 1419.
3. The Case Study Method of Nursing: Ham, Pacific Coast Journal of Nursing, Feb., 1932, p. 84.
4. What Wisely Planned Assignments Mean to Student Nurses: Modern Hospital, June, 1930, p. 109.
5. Ward Study Units in Medical Nursing (Elementary and Advanced): Florence K. Wilson, Lippincott.
6. Case Report, Students in Unsegregated Services: American Journal of Nursing, Dec., 1930, p. 1556.
7. A Case Study Method of Teaching Nursing: Effie J. Taylor, The Public Health Nurse, Feb., 1925.

3. Methods of Teaching in the Ward.
   Supervising as a method of teaching.
   Supervising the nursing and nurses in the field of public health.
   Discussion: Miss Duffield, Supervisor, Victorian Order of Nurses, Vancouver.
   Further discussion: Mary M. Wayland.
4. The Clinical Method of Teaching: Mary M. Wayland.
   Demonstration of a Nursing Clinic, Miss Jean Davidson, Instructor, St. Paul's Hospital, Vancouver.

References:

1. Supervision: Burton, A.J.N., Aug., 1930 (vol. 30), p. 1045.
2. Changing Conceptions of Supervision: Grace Day, Modern Hospital, May, 1925.
3. Principles of Supervision: Wayland, Pacific Coast Journal of Nursing, Feb. 1932, p. 86.
4. A Supervisor's Plan for Running Her Department, Modern Hospital, Sept., 1930, p. 104.
5. Clinical Methods of Teaching in Schools of Nursing: Scott, The Canadian Nurse Magazine, April, 1927, p. 191.
6. Æquinimitas and Other Oddresses: Osler (contains pertinent references on bedside teaching).
7. Medical Education, The Clinics: Abraham Flexner, ch. 10.
8. Supervision in Schools of Nursing: Wolf, The Canadian Nurse Magazine, June, 1927, p. 304.
9. Ward Teaching: Batson and Flanagan, The Canadian Nurse Magazine, April, 1930, p. 186.
10. The Correlation of Theory and Practice in a Programme of Nursing Education: Koch, Trained Nurse and Hospital Review, Oct., 1931, p. 496.
11. Staff Conference and Conference Leadership: Sorenson, A. J. N., Sept., 1930, p. 1176.
12. The Morning Conference, A. J. N., Sept., p. 1053.
13. Staff Conference from the Standpoint of the Graduate in Charge of a Ward: Jackson, The Canadian Nurse Magazine, July, 1925, p. 356.

Thursday, February 25.—4 one-hour periods:

1. Ward Teaching, continued. The Case Study Method in Nursing, continued: Mary M. Wayland:
   (a) What is the nature of a nursing case study?
   (b) Is the case study restricted to the nursing school?
   (c) What is a good method of introducing this type of teaching into the nursing school?
   (d) What are our problems in relation to the case study method in nursing?
   (e) Purposes and value of this method in nursing?

References:

1. The Case Study Method Applied to Nursing. An outline of a course in case study printed in the book—A Curriculum for Schools of Nursing.

2. Student's Handbook on Nursing Case Studies: Deborah MacLurg Jensen.
3. Teaching Nursing by the Application of the Case Study Method: Taylor and Rottman, Modern Hospital, Dec., 1926, p. 112.
4. Principles of Teaching in Schools of Nursing: Sister John Gabriel, ch. 2 and ch. 6.
5. Case Study: Munson, A. J. N., vol. 30, pp. 304-306.
6. Case Study Method: Kelly, Trained Nurse and Hospital Review, Jan., 1927.
7. The Case Study (in P.H.N.), A. J, N.: Buell, April, 1930.
8. Case Study as a Method of Ward Teaching: Graves, A. J. N., Jan., 1930.
9. Principles of Public Health Nursing in the Under-Graduate Course: Grant, 31st Annual Report of the N.L.N.E., 1925, pp. 133-138;
   31st Annual Report of the N.L.N.E., 1925, pp. 124-132.
10. 35th Annual Report of the National League of Nursing Education, 1929, pp. 165-173.
11. Problems in the Use of the Case Study Method: Petry, A. J. N., Feb., 1931.
12. What's the Matter with Case Study Methods?: Cowan, Trained Nurse and Hospital Review, June, July, Aug., 1930.
13. Refer to case studies printed in:
    - (a) The Canadian Nurse.
    - (b) The American Journal of Nursing.
    - (c) The Pacific Coast Journal of Nursing.
    - (d) The Trained Nurse and Hospital Review.

Thursday Afternoon:

1. Summaries of the work in the ward or department: Mary M. Wayland. (Discussion from the floor urged.)
2. (a) Evaluation of the student's work.
   (b) Evaluation of the head nurse's work: Mary M. Wayland.

References:

1. Records, Their values: Mohr, The Canadian Nurse Magazine, Feb., 1931, p. 88.
2. Records in Schools of Nursing: Gage, American Journal of Nursing, vol. 29, p. 567.
3. Sellew Ward Administration: Sellew.
4. The Case Study Method of Nursing: Ham, The Pacific Coast Journal of Nursing, Feb., 1932, see p. 85 for record.
5. A Compilation of Students' Records Required for the Course in Medical Nursing. Published by the Nursing Staff at the Yale School of Nursing, 1931.
6. Practical Exercises for Learning to Rate Teaching Skill and Methods: Leo. J. Brueskner, University of Minnesota. Published 1929.
7. Samples of Teacher Self-Rating Cards, U.S. Bureau of Administration; City School Leaflet No. 18, Feb., 1925.
8. The Department of Superintendence Eighth Year Book; ch. 6 and 7, Measuring the Supervision. Published by the Department of Superintendence of the National Education Association, Wash., D.C., Feb., 1930.

Friday Afternoon, February 26.—2 one-hour periods:

1. Further methods of correlating class room teaching and ward practice: Teaching the classes following the doctor's lectures: Mary M. Wayland.
2. Demonstration of the teaching of a class "The Nursing Care of Typhoid:" Teacher: Miss Cooke, Instructor, Provincial Royal Jubilee Hospital, Victoria. Students: Vancouver General Hospital.

References:

1. Teaching the Classes Following the Physician's Lecture: Lelin Townsend, A. J. N., vol. 31, p. 1183.
2. Teaching and Supervision of Surgical Nursing: Tracy, 32nd Annual Report, N.L.N.E., 1926, p. 121.
3. Some Suggestions for the Planning of Lessons: Helen W. Munson, A. J. N., vol. 30, p. 1183.
4. A Curriculum of Schools of Nursing. Published by the National League of Nursing Education, 450, 7th Ave., New York City. See outline for the course in medical nursing with references, p. 119.
5. A Text Book of Medical Diseases for Nurses, Including Nursing Care: by Arthur Stevens, A.M., M.D., and Florence Ambler, R.N., B.S.
6. Articles on nursing care in medical, surgical, psychiatric, paediatric, etc., in various journals of nursing, especially the A. J. N.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,

Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

What Type of Assurance Should a Nurse Engaged in Private Practice Purchase ?

To give a definite answer to this question is as impossible as to attempt to give a definite answer to "What medicine or treatment should a nurse engaged in private practice be given?"

There was a time when a particular type of assurance policy was sold as a cure for the financial ills of all and sundry in much the same manner as certain patent medicines were supposed to cure every physical ailment. Today we consult the trained physician, who diagnoses our trouble before prescribing medicine. Likewise, the trained life assurance man will carefully analyse his prospect's need before recommending any particular type of assurance contract. The need of individual nurses may vary considerably and, consequently, a different type of "treatment" should be given.

There are, however, two great hazards with which life assurance is concerned—the problem of *early death* and the problem of *old age.* Without being dogmatic, it is safe to say that every nurse needs a death benefit of one or two thousand dollars, enough to cover her current liabilities and hospital, medical and undertaking fees in the event of her death. In addition to that, she should have a contract which will provide enough money at age, say, fifty-five or sixty, to purchase an adequate pension for the rest of her life.

Her "insurance policy" of one or two thousand dollars, if on the endowment at age 55 plan, would fit into this programme admirably, and a pension bond contract, maturing at age 55, supplementing the cash in her life assurance policy, would provide the necessary funds to purchase the pension above referred to.

By this method, the maximum results can be secured for the minimum outlay, but it must be understood that the case of each individual should be considered carefully and her most urgent needs discovered before any definite recommendation could be intelligently made.

Copies of the Report of the Survey of Nursing Education in Canada can be ordered from the Secretary of each provincial Association of Nurses; from the National Office, 511 Boyd Building, Winnipeg, Man., and from the University of Toronto Press, Toronto, Ont. The price is $2.00 per copy, or in lots of ten $1.75 each. It is suggested that all registered nurses obtain copies from their provincial secretary.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section.
MARY F. CAMPBELL, 344 Gottingen Street, Halifax, N.S.

In the Island Province

By MONA G. WILSON, Director, Public Health Nursing, Prince Edward Island.

Down in that island by the sea, Canada's smallest province, Prince Edward Island, commonly known by the enchanting title—"The Garden of the Gulf," the entire public health nursing field has been, until recently, under the direction of the Canadian Red Cross Society. This is perhaps a unique situation for provincial health work. But in the old and conservative eastern provinces, where communities are not easily weaned from the ways of their forefathers, the soil for new endeavour is sometimes ploughed with difficulty. However, away back in 1921 the Red Cross Society, as its peace-time programme, inaugurated public health nursing in the Island. Prior to this there had been no organised effort along health lines. Naturally there was a good deal of opposition to the launching of this new scheme. In fact, it was said by some that this work could not be accomplished, by others that "People wouldn't stand nurses going into their homes and telling them what to do for their children." The unchallenged reputation of the Red Cross for constructive health work won the day, and the new work was finally commenced with one public health nurse and the schools as a centre of activity.

Progress was slow and discouraging at first. Means were limited. Public interest and support were difficult to arouse, and the hundreds of practical difficulties which beset the pioneer were intensified by the general apathy towards health problems. To the determined efforts of one nurse, backed by the Department of Education, the Red Cross owes the success of those early days. Subsequently two and three nurses, and finally four were appointed, as the work grew to undreamed of proportions. Their constant contacts with the school children, teachers, parents and public groups, the valuable information, advice and help they were able to give, won the confidence of everyone, and after ten and one-half years of service to every district in the province the Red Cross was looked to for guidance in all health matters.

During these years the services given were varied and extensive. All the four hundred and seventy-six public schools in the province, and one private school received periodic inspections. The children were examined and their homes visited. The home visiting was particularly valuable, as it brought the nurses into touch with the pre-school children, infants and expectant mothers, thus strengthening the health campaign in the schools by securing co-operation at home. Dental and tonsil clinics were held and instruction given in home nursing and first aid to adult and junior groups. Lectures were also given on health topics to teachers in training. In addition to this health education work in the schools, two health centres were maintained by the Red Cross. These were visited by hundreds of people each year, seeking information and bringing their children to be weighed. As a result health exhibits at fairs and other public gatherings drew crowds. Thousands of pieces of health literature were distributed, and the work of the Red Cross went forward in bounds.

Co-operating with the Canadian Tuberculosis Association and the Maritime Tuberculosis Educational

Committee, chest clinics were held twice a year throughout the province, and the tuberculosis home visiting was also undertaken by the Red Cross Public Health nurses. When in 1929, for the first time in the history of the province, a full-time provincial health officer was appointed, who was also a chest specialist, a weekly clinic was held at the Red Cross office in Charlottetown, in addition to these rural clinics. At this time the province-wide vaccination campaign was also managed by the Red Cross Society, when 6,217 children were vaccinated, also a diphtheria immunising campaign, during which 9,320 children were inoculated.

The work among the crippled children of the Island has been particularly gratifying. Here, of course, one has the rare satisfaction of seeing results, and the new joy of living, to which every child is entitled, and which has only been gained for these unfortunate kiddies through the work of our crippled children's clinics, is an enduring reward. Clinics for crippled children are held twice a year and are attended by a visiting orthopædic specialist. Many of the brilliant operations performed at these clinics seemed little short of miracles to the wee cripples and their families. The good news of cure and partial cure was soon spread, and gradually the early antagonism disappeared. Each year more and more handicapped children receive the benefits of these clinics. Home follow-up work is, of course, done. A corrective clinic under a masseuse is maintained, and educational work is carried on in the homes of those cripples unable to attend school. It is difficult to realise what educational work means to these crippled children, formerly shoved aside. Perhaps a corner by the kitchen stove represented the sum total of their favours in life. Now, at the instigation of the Red Cross, they receive instruction which has opened up whole avenues of "sweetness and light."

A tremendous amount of practical health education is accomplished in the province through the Junior Red Cross. This organisation has grown until it is now organised in fifty-five per cent. of the class rooms of the province, and fifty per cent. of the school children are Junior Red Cross members. Operations, apparatus, eyeglasses, etc., for handicapped children are provided from the Junior Red Cross fund. The children are justly proud of what they are able to do for their less fortunate little companions. But best of all, through the Junior Red Cross the children carry the "health game" into their homes and arouse an interest in health work, which the nurses could not begin to accomplish themselves.

In 1924 the Provincial Government, realising the value of the Red Cross Public Health Nursing Service to the people of the province, demonstrated its appreciation by giving financial assistance. Later the Canadian Tuberculosis Association also gave supplementary funds.

On July 1, 1931, the Society reached a happy consummation of its public health effort and splendid record of achievement. The result of its work, and that of the Canadian Tuberculosis Association and Canadian Life Insurance Associations culminated in the reorganisation of health services under a newly established Government Department of Health. This is now composed of a Minister of Health, a chief health officer and assistant health officer, five public health nurses, two sanitary inspectors and a laboratory technician. The chief health officer is also superintendent of the recently opened Provincial Sanatorium where the offices of the health department are located.

The Red Cross Society, after doing the pioneer work and laying a sound foundation for future public health development, is "Still Serving" in Junior Red Cross and remedial work for handicapped children in the Island Province.

United States' Nurses Meet in Texas

There is one word which pictures fully and accurately the programme that is being built for the biennial convention of the three national nursing organisations of the United States, to be held in San Antonio, Texas, April 11-15. That word, which describes every programme from the great joint sessions to the smallest round table, is *practical*. There will be a minimum of theorising on the joint programme of the three organisations or on the programme of the American Nurses Association, official organisation of graduate nurses in the United States.

Improved nursing service to the patient at a possible reduction in cost is to be expected when great grading and distribution projects now being carried on are more nearly completed. Just how the nurse, through her organisation, and even individually, may contribute to this most important nursing goal is the idea behind the programme.

For five years, the Committee on the Grading of Nursing Schools has been making a most comprehensive survey of nursing economics and education. Its findings indicate clearly that there is an over-supply of nurses in the private duty field. They indicate that nurses are being graduated now at the rate of between twenty-five thousand and thirty thousand a year, so that nursing is facing the immediate problem of considerable over-supply unless the output is considerably curtailed.

This aspect of the nursing situation will be presented at the coming biennial in two joint sessions of the three organisations. The first of these, to be held on Tuesday, April 12, has as its general topic, "Nursing at the Crossroads." At this time there will be discussed the implications for nursing in the findings of two five-year studies: (a) the Committee on the Costs of Medical Care, and (b) the Grading Committee.

But it must not be thought that American nursing has merely accepted findings without seeking solutions through experiment. For the past several years in many places throughout the country there have been experiments; for instance, in the use of the graduate nurse in preference to the student for floor duty and the substitution of a graduate staff for a nursing school. There have been experiments in the distribution of nursing service through the registry, a most helpful piece of work having been carried on in this connection through study and organisation in the American Nurses Association.

So now in the convention these positive signs will be reflected in practical discussion at the various sessions. At this Tuesday joint session, for example, following the reports of the findings in these two major studies, there will be discussed significant adjustments in nursing service and partnership with the public.

The following morning this effort to work forward from found facts will be even more conspicuous. The general topic will be, "Next Steps for Nursing"; and various speakers will endeavour to answer the following three questions:

"How shall we select and prepare the undergraduate nurse?"

"How shall we select and prepare the graduate nurse?"

"How shall we distribute nursing service equitably?"

That evening, in a general session, Professor Arthur J. Todd, head of the Department of Sociology, Northwestern University, will discuss in general the present economic situation.

A new feature so important as to be accorded an entire joint session is mental hygiene in nursing. Dr. C. M. Hincks, Director, National Committee for Mental Hygiene, and Effie Taylor, Chairman of the Mental Hygiene Section, A.N.A., will speak.

Practical for the nurse membership at this difficult time in personal and professional economics will be the sessions of the American Nurses Association. Relief and investment will constitute topics for one session, including consideration of the kind of relief that nurses need, the responsibility of the hospital and the nursing agency for its sick nurses, and practices in advising nurses in their investments. A second general A.N.A. session will consider economics and private duty. Salary cuts as related to non-employment of nurses will be considered at this time, as also will be the way in which the present economic problem is being met through adjustment of fees. Janet M. Geister, R.N., Director at Headquarters, A.N.A., will speak at this meeting on "Suggested Steps in Evading Another 'Depression'."

The National League of Nursing Education and the National Organisation for Public Health Nursing have arranged programmes of a similarly practical nature in the fields of undergraduate education and public health nursing. The latter organisation will observe at this time the twentieth anniversary of its founding.

King's Square, Saint John, N.B.

(Opposite Admiral Beatty Hotel)

Scene in Prince Edward Island

—Courtesy, Canadian National Railways.

Canadian Nurses Association Meets in the Maritimes

The prelude to the general meeting of the Canadian Nurses Association in Saint John, New Brunswick, from June 21-25 may well be said to have taken place during the annual meetings of the provincial registered nurses associations in Alberta, British Columbia, Ontario and Saskatchewan. These meetings were held during Easter week, and reports of proceedings are eagerly anticipated, more so than usually, as it is evident from the programmes arranged that all discussion centralised on facts and recommendations submitted in the Survey Report.

The forecast for a record attendance at the general meeting in Saint John becomes increasingly favourable as time for meeting approaches. It seems that if ever members of the Canadian Nurses Association should make an effort to be present at a national gathering, the sixteenth general meeting of the Association is the one demanding consideration and attendance.

The fourth general meeting of the C.N.A. was held in Halifax in 1914; the forthcoming convention is the first held in the Maritimes since then. Our hostesses, the New Brunswick Registered Nurses Association, are leaving nothing undone that will provide for well-planned sessions in comfortably arranged quarters, and we believe that provision will be more than adequate for social relaxation.

A copy of the tentative programme was published in the February number of the *Journal*. The Programme Committee has been most fortunate in their choice of speakers, who will discuss the Survey Report from various angles. Our nurses need no introduction to the Hon. Vincent Massey, who is to be guest speaker on Tuesday evening, June 21st. Mr. Massey will speak from the viewpoint of the public. The following evening, Professor Roy Fraser, of Mount Allison University, will be dinner speaker, when he will discuss the Report from the scientist's point of view, while on Friday evening, June 25th, Professor F. Clarke, of McGill University, will offer comment from the angle of the educationist, and Dr. Stewart Cameron, chairman of the Joint Study Committee, will present the views of the medical profession. These four addresses form a magnetic attraction for the Saint John meeting.

Release of the Survey Report opens the way to more concrete discussion of nursing problems. Three general sessions will be devoted to three salient aspects of the Report: that is, recommendations regarding the approved Training School, the Cost Analysis of Nursing Education and the Distribution of Nursing Service; as previously mentioned in the February number of the *Journal*, subtopics relative to each recommendation will be discussed briefly by selected nurses throughout the Dominion. Each of the three sessions will be introduced by a nurse member of the Joint Study Committee, who will summarise discussion and present related resolutions for group consideration. Ample time will be reserved for general discussion. The three sections —Private Duty, Public Health and Nursing Education—are each arranging two sessions when their special business and problems will receive attention.

In the interval between biennial meetings the organisation is directed by the Executive Committee, which meets quarterly. A number of standing and special committees function in relation to the varied activities with which the national organisation is concerned. Three sessions will be allocated to the conduct of business. These include reports and recommendations from committees, sections, provincial associations of registered nurses, and reports of the activities at the National Office.

The Admiral Beatty Hotel is providing excellent accommodation for this general meeting. Nurses are assured every comfort while guests at the hotel. Rates are: Single room, without bath, $3.00; double room, without bath, $5.00; single room, with bath, $4.00, $4.50, $5.00; double room, with bath, $6.00, $7.00, $8.00 and $9.00. Additional persons in room, separate bed, add $2.00. All rooms have hot and cold water and toilets. Reservation should be made soon to Mr. E. B. Sweeney, Manager, Admiral Beatty Hotel, Saint John, N.B.

Transportation: No arrangement for special convention rates has been made with the Canadian Passenger Association. The customary Summer Tourist rates offered by the railways and steamship companies are more advantageous to the majority of nurses who will attend the General Meeting in Saint John. In this issue of the *Journal* and also in March, there is published information relative to post-convention tours in the Maritimes. Further information as received will appear in ensuing issues.

Visitors to Prince Edward Island

Nurses planning trips to Prince Edward Island by train or motor, cross Northumberland Strait from Cape Tormentine, New Brunswick, to Borden, P.E.I., on the car ferry—a forty minute crossing. Automobiles can be driven directly on to the deck of the ferry. After docking, a seventeen mile drive or two hours by train, and Summerside is reached — the second largest centre in the province with a population of three thousand. Here nurses should get in touch with Miss Pidgeon, matron, Prince County Hospital and president of the Graduate Nurses Association, who will arrange trips to see the near-by beauty spots and French fishing villages scattered along the coast. Forty miles farther by car across beautiful rolling farm country, or slightly longer by the shore road, or two hours by train, and one arrives at the capital city, Charlottetown. Miss Mona Wilson, Director Public Health Nursing, c/o the Red Cross Society, 59 Grafton Street, will assist nurses in planning trips or will arrange motor drives to the shores (miles of glistening white sand and shining sea that you'll simply adore) or longer drives to the prettiest and most interesting places. The Tourist Association is also at your service.

Trippers who are planning on seeing New Brunswick and Nova Scotia first, and find themselves in the northern part of Nova Scotia, would find it more convenient to cross to the island on the Hochelaga from Pictou direct to Charlottetown —a matter of four hours.

Members of the Graduate Nurses Association welcome visiting nurses to the island and will be happy to show them around.

Where to stop while in Prince Edward Island:

Charlottetown

Name of Hotel	Rate Per-Day
Canadian National	$5.50-$6.50
Queen Hotel	4.00- 4.50
Lennox	3.00
Revere	3.00
Russ	3.00
Cundall Home	2.50

Private homes, recommended rooms, $1.00 per person per night.

First class restaurants at moderate rates, also recommended homes where meals are served.

Summerside

Clifton	$3.50-$4.00
Queen	3.50
Mawley House	3.00

Souris

Cox Hotel	$3.00

Montague

Poole Hotel	$3.00
Commercial	3.00
MacDonald	3.00

Borden

Abegweit	$3.50 up

Alberton

Albion Terrace	$3.00

Georgetown

Highlands	$4.00 up

Seaside Summer Hotels

Beach Grove Inn	$4.00 up
Brackley	3.00
Shaws	3.00
Stanhope Beach Inn	3.00 up
Dalvay	4.00 up

Vacation Possibilities in Prince Edward Island

On the eastern marge of Canada, Prince Edward Island lies, crescent-shaped, nestling in the protecting arms of the Gulf of St. Lawrence, and far and wide it is known as a place of beauty and of rest, so that weary men and women come from many directions to sit by its fair waters and roam in its quiet woods and delight their eyes in its strange harmonies of blue sea and vivid green turf and trees and banks of terra cotta.

It justly claims the finest summer climate in the world. Set in the midst of the salt sea it suffers neither extreme of heat or cold, and fog is practically unknown. Nowhere in America can be found its duplicate —invigorating, restful, refreshing, wonderful warmly tempered salt water bathing all around its thousand miles of coast line. A garden of perfect beauty fanned by cooling breezes from the ocean. Everywhere are verdant fields, prosperous farms and comfortable homes. Arms of the sea cut into the land in all directions, forming landscapes of surpassing loveliness.

The noticeable feature interwoven in the history of Prince Edward Island is the record of the wonderful impression made upon the explorer or traveller of its restful peace and quietness. From the letters of the present-day tourist back to the records of Jacques Cartier in 1534 there is the constant repetition of praise for the beautiful appearance and wonderful climate of this little island by the sea.

Prince Edward Island—called by the French, Isle St. Jean—was one of the first discovered portions of Canada, its authentic history dating from 1534, when Jacques Cartier landed under the impression that he had reached the mainland and in describing it wrote: "All the land is low and the most beautiful it is possible to see, and full of beautiful trees and meadows. . . . This is a land of the best temperature."

It was for a while in feudal tenure to a French naval officer, Captain Doublet, under whose administration its fisheries were first exploited. After the fall of the great French fortress of Louisburg in 1758, British forces took possession of Prince Edward Island and the great majority of its French colonists were deported.

After cession to England, feudal estates were created, and settlers brought from England, Scotland and Ireland. Many United Empire Loyalists from the United States also found homes in the island colony. The estates were ultimately purchased by the government from the landlords and title made available to the actual settlers.

It was in Charlottetown in 1864 that the famous conference of the statesmen of the British North American colonies took place that led to the formation of the Dominion of Canada, thereby earning for the smallest entering province the unofficial title of "The Cradle of Confederation."

ISLE OF REST

Thou are beloved of sun and sea—
Of silvery night—of glowing noon,
And 'round about thee tenderly
The summer breezes croon.

Thou'rt robed in tranquil loveliness
Of birchen groves and ferny bowers,
Of streams that hold the skies' caress
And fragrant wayside flowers.

No towering mountain heights are thine—
No canyons deep—no forest wild,
And yet thy charms like ancient wine
Are potent seeming mild.

Whose feet have pressed thy velvet strand
Or crossed thy clover-scented lea
May seek for gold in any land
But wearied come to thee.

—L. G. C.

CORRESPONDENCE RE SURVEY REPORT

We are privileged to publish the following letter from Dr. Sinclair Laird, Dean of Macdonald College, Ste. Anne de Bellevue. This letter was addressed to Miss E. F. Upton, Secretary of the Association of Registered Nurses of the Province of Quebec, in acknowledgement of a copy of the Report of the Survey of Nursing Education in Canada:

"Dear Miss Upton:

"I am very much indebted to you for your kindness in sending to me the 'Survey of Nursing Education in Canada' by Professor G. M. Weir.

"This is a historic and authoritative volume on a subject of immense public interest, and I am very grateful indeed to you for being good enough to send me a copy.

"I am presenting this copy to the Library so that the students in the School of Household Science and the staff of the College will have an opportunity of consulting it for information.

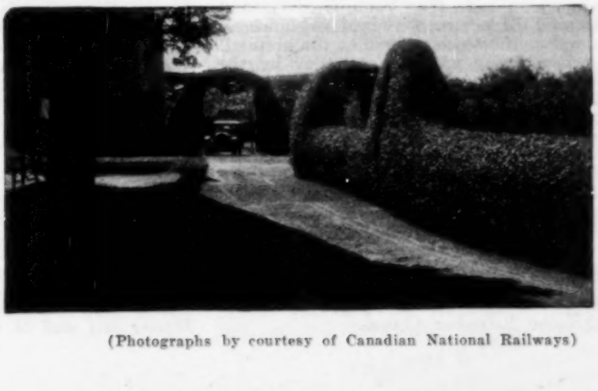
"This report is one of the most comprehensive and far-reaching that I have seen, and the nursing profession is to be congratulated on having had such an excellent analysis of its professional position.

Again many thanks,

"Yours faithfully,

(Signed) "SINCLAIR LAIRD, Dean."

Cape Breton Scene



Hedges at Yarmouth, N.S.

(Photographs by courtesy of Canadian National Railways)

News Notes

ALBERTA

Edmonton: Friends of Miss S. Christensen will be pleased to learn that she is making satisfactory recovery after her operation.

Mrs. W. Crosby (Miss Bean, Royal Alexandra Hospital), of Wolseley, Sask., was a guest of Miss B. Emerson in March.

Lamont Public Hospital: Miss Elva McKee (1924), of Toronto, is spending a few weeks renewing old acquaintance in Alberta. Miss Mary C. McCallum (1922) after a short visit among her friends and relatives in Alberta, has returned to New York, where she will resume her duties in the Doctors Hospital. Mrs. J. Dewey Soper (Carrie Freeman, 1925) has returned from Baffin Island and is residing in Ottawa. Mrs. Chas. Pearce (Edna Patterson, 1926) has returned to Sault Ste. Marie, Mich., after a few months' visit in Alberta. The Christian Nurses Fellowship, begun in Edmonton, March, 1930, is carrying on a successful and inspiring work among student nurses as well as graduates.

Medicine Hat: The annual meeting of the Medicine Hat Graduate Nurses Association was held on February 2nd at the Nurses Home, when the officers for the ensuing year were elected. The regular meeting of the Association was held at the home of Mrs. (Dr.) F. W. Gershaw, March 1st. After the business meeting a delightful social hour followed.

BRITISH COLUMBIA

As part of the educational programme of the Graduate Nurses Association of British Columbia for this year, a Refresher Course for Institutional Nurses was planned and held during the week of February 22nd-27th. Although specially arranged for institutional nurses, all nurses were urged to attend, with the result that over two hundred registered, and interest in the programme was maintained from beginning to end. Through the co-operation of the Vancouver General Hospital the lectures were held and luncheon served in the teaching unit at the hospital, luncheon being provided each day by the Vancouver Graduate Nurses Association as their part of the programme. Taking part in the programme were Dr. Weir, Dr. Haywood and Dr. Hill, while Mrs. Mary Marvin Wayland conducted the special sessions on Ward Teaching. Nurses were present from all over the province, and all were emphatic in stating the benefit derived from the course. The annual dinner was held on the 26th, when over two hundred were present and the guest speakers were Mrs. Wayland and Dr. Weir. With the annual meeting so near, the date of the dinner this year was changed to coincide with the Refresher Course.

MANITOBA

Brandon: The Brandon Graduate Nurses Association held their regular meeting on March 1st. After a short business session Miss Finlayson read a synopsis of Dr. Weir's "Survey of Nursing Education in Canada". Further discussion on the Report will be held at the next meeting. Miss McSorley then introduced the speaker of the evening, Professor Foster, of Brandon College, who gave an interesting address on "The Value of Education". A social hour was enjoyed.

St. Boniface Hospital: The regular monthly meeting of the Nurses Alumnae was held in the Nurses Residence on March 9. After business discussions, a very interesting talk was given by Rev. Sr. Mead, who was the only Canadian representative at a convention in Chicago of the Public Health Nurses and the Central Council of Education. Through the kindness of Rev. Sr. Mead a social hour was then enjoyed.

NEW BRUNSWICK

Fredericton: On February 11th, the annual meeting of the Alumnae of Victoria Public Hospital Training School for Nurses was held at "The Palms," when dinner was served to thirty-eight, including Mrs. Woodcock, the superintendent of the hospital, and the members of this year's graduating class. The tables were brightly decorated with spring flowers, and after the toasts the general business was carried out and officers elected for the following year: president, Mrs. J. I. Mavor; first vice-president, Mrs. T. Donovan; second vice-president, Mrs. F. Fairley; third vice-president, Mrs. K. Jewett; secretary-treasurer, Mrs. Bertha Colter; assistant, Miss Dorothy Parsons.

Saint John: A very interesting address on Rickets was given by Dr. A. L. Donovan before the meeting of the Saint John Chapter of Registered Nurses Association held January 18, 1932, in the Nurses Home of the Saint John General Hospital. Plans were made for entertaining members of the Canadian Nurses Association in June, 1932, in Saint John. Miss E. J. Mitchell, the President, was in the chair. A meeting of the Saint John General Hospital Alumnae was held February 1, 1932, at the residence of Mrs. H. H. McLellan. The President, Mrs. J. H. Vaughan, in the chair. It was decided to provide pyjamas for the Boys' Ward at the General Hospital. This ward has been furnished by the Saint John Chapter of Registered Nurses in memory of Nursing Sister Anna Stamers. It was also decided to give a bridge and dance, the proceeds to go towards buying a new lantern for the student nurses' lecture room. After the business session, Mrs. McLellan entertained the members at bridge.

Moncton: On January 7th Miss MacMaster and staff of the Moncton Hospital entertained the local chapter of the New Brunswick Association of Registered Nurses at a dinner bridge in the hospital dining room. On February 11th, the Moncton Chapter held a Valentine Tea in the Annex of the Moncton Hospital. The reception rooms were decorated with hearts and red carnations centred the tables. A large number of guests were present. The proceeds of the tea will be sent to the Saint John Chapter to help defray expenses of the biennial meeting to be held in Saint John.

An address on "The Heart" was given by Dr. H. A. Farris at the meeting of the Saint John Chapter of the New Brunswick Association of Registered Nurses held February 15, 1932, in the Lecture Hall of the Nurses Home of the General Hospital. More than fifty nurses attended, and the address was greatly appreciated. Miss E. J. Mitchell, the president, tendered to Dr. Farris the hearty thanks of the members. Reference was made to the biennial meeting of the Canadian Nurses Association to be held in Saint John in June, the programme of which was announced recently. The Saint John organisation is planning suitable entertainment for the national meeting.

A bridge and dance, held in the Pythian Castle, February 23rd, under the auspices of the Saint John General Hospital Alumnae, was attended by about three hundred persons. The President, Mrs. John H. Vaughan, was convener for dancing, and Mrs. G. L. Dunlop was convener for bridge.

Sympathy is extended to Miss Maude Retallick in the loss of her mother.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in March, 1932, were 860, forty-two less than in February, 1932.

Appointments

Hamilton General Hospital: Miss Grace Chapman (1929) has been appointed as Assistant in the Out-door Department of the hospital. Miss Viola Phillips (1920) is in charge of Ward 12, H.G.H.

District 2

Brantford: A miscellaneous shower was held recently in honour of Mrs. A. Van Evera, *nee* Reta Hockin, by a number of her classmates and friends. Mr. and Mrs. H. B. Cauvet (Helen Holbrooke, Brantford General Hospital, 1927), New York City, have been visiting in Brantford. Mrs. W. J. Rumney (Jessie McGregor, Brantford General Hospital, 1929) and baby daughter, Phyllis Joan, were recent visitors in Brantford. The Hon. Dr. John M. Robb, Minister of Health, paid an official visit to Brantford. The Brantford General Hospital, The Brant Sanatorium and the Department of Health were all inspected at this time. Mr. and Mrs. S. K. Culver, Waterford (Patricia Saunders, Brantford General Hospital, 1928) are spending the winter in Florida.

Guelph: Miss Kenney, Guelph General Hospital, is assisting with the Home Nursing classes which are held once a week at the Y.W.C.A.

Owen Sound: The Owen Sound Alumnae Association held their regular meeting on February 26th in the Y.W.C.A. parlors. At the close of the business meeting, Dr. A. L. Danard gave a most interesting illustrated talk on his visit to Florence and Milan. The student nurses were present to hear Dr. Danard. At the close refreshments were served and a social half-hour was enjoyed. Miss Jean Currie (1926) is in Toronto at the Sick Children's Hospital, taking post-graduate work. The sympathy of her friends is extended to Mrs. J. McKeen (Winnifred Kirkwood, 1922), in the loss of one of her twin boys from diphtheria.

District 4

General Hospital, Hamilton: The sixth annual meeting of the Registered Nurses Association of Ontario for District 4 was held in the class-room of the Senior Nurses' Residence of the Hamilton General Hospital on February 3, at 8 p.m. The meeting was called to order by the chairman, Miss A. Wright, and the reports of the various committees read and discussed. Miss Wright expressed regret for the absence of Miss E. Rayside, and voiced the hope that she might soon be restored to health and strength.

There was considerable discussion re the Permanent Education Fund and the following motion was carried and to be presented at the meeting in Ottawa in April. Resolution submitted to the Board of Directors of the R.N.A.O. from the annual meeting of District 4, February 3, 1932:—

"Whereas, District No. 4 desires to express its approval of the principle of the Permanent Education Fund, and

"Whereas, the nurses of this District on limited or reduced salaries, together with the lowered and uncertain salary of private duty nurses, and

"Whereas, the great need of consideration for the many hundreds of people, whose appeal in sickness and distress comes to us first because of our profession, and just now have the first claim to our sympathies,

"Be it resolved that the payment of the annual fee to the Permanent Education Fund be removed at least two years hence."

The 1931 officers were re-elected for 1932.

After the business of the evening was discussed, Mr. Herbert R. Hannah gave a very interesting lecture on "Russia". Mr. Hannah stressed the meritorious side of the present regime in that country, and one could not help but agree that Sovietism may possess attractions, especially when he informed his audience that unemployment is unknown among nurses in Russia; that they work the regulation seven-hour day and receive the national wage of $110.00 a month. Mrs. S. Staton sang very acceptably.

Sympathy is extended to Miss Christine Livingston (1930) on the death of her father.

District 5

Toronto: A meeting of the Instructors' Section of the Centralized Lecture Committee was held on Wednesday March 2nd, at the Psychiatric Hospital. Fifteen

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

members were present. A tour of the hospital, conducted by Miss Fidler, superintendent of nurses, was followed by the demonstration of a continuous bath, its uses and results being explained by Miss Ditchburn. After a brief business meeting, a social half-hour was enjoyed by all.

District 5

Collingwood General and Marine Hospital: The Nurses Alumnae of the Collingwood General and Marine Hospital met on Friday, February 25th. Reports were read and approved. The balance due on the furnishings of the nurses' room was approved for payment and arrangements made for the purchase of more linen. It was decided that the Alumnae would offer a medal in award to the nurse obtaining the highest standing in obstetrics. This award to be made at the time of the graduation exercises in June. A banquet was held on February 4th at the Arlington Hotel, fifteen nurses being present. Afterwards they were entertained at the home of the President, Miss K. Hanley.

District 6

Peterborough: Chapter 3 of District 6, R.N.A.O., held their meeting on February 23rd, at 3 p.m., in the Green Room of the Y.W.C.A. with Miss Dixon, president, in the chair. It was especially gratifying that so many of the younger graduates were present, showing an interest in the activities of their profession. A communication was read from Miss Bell, Port Hope, requesting the Chapter to submit nominees for office for District 6. The 1931 officers were re-elected by motion of the meeting. It was decided to try to hold the meetings of the Chapter the same day of each month; the general opinion of those present was the last Tuesday of each month. Miss Stone kindly offered the use of her apartment for the meeting. As always, the social hour was much enjoyed. This time Miss Hurley gave an enchanting performance of two Valses by Chopin; following this, Mrs. Picard delighted her audience with a vocal solo, "Wake Up," accompanist Miss V. Scollard.

Nicholls Hospital, Peterborough: The Nurses'Alumnae of the Nicholls Hospital held their annual bridge of the year in the Legion Hall, on February 11. Decorations were carried out in the Valentine colours. Ninety-six tables played, making the evening very successful.

QUEBEC

Royal Victoria Hospital, Montreal: The following tribute was paid to Miss Grace Prescott, of the New Brunswick Division of the Canadian Red Cross Society. "The members of the executive of the New Brunswick Division are deeply grateful to Miss Prescott for her fine work in bringing up the division to its present state of efficiency." They have found Miss Prescott to be at all times most fair and impartial in her judgment, while her capable handling of the two positions, that of director of the division and the other of supervisor of the Red Cross in the last few months, is felt to be a feat deserving of the utmost commendation. Miss Prescott is a graduate of the Royal Victoria Hospital, 1919.

VICTORIAN ORDER OF NURSES

Toronto: Miss Elizabeth Smellie, R.R.C., Chief Superintendent of the Victorian Order of Nurses for Canada, was guest of honour at a dinner given by the nurses of Toronto, Weston and East York Branches, at the Alexandra Palace, Toronto, on February 27th. Mrs. J. M. Godfrey, convener of the Advisory Nursing Committee, Toronto Branch, Miss Kathleen Russell and Miss Jean Gunn, members of the committee, and Miss Edith Campbell, superintendent of Toronto Branch, were also guests. The tables were decorated in yellow and mauve spring flowers with candy baskets in the same shades. Miss Smellie spoke after dinner of developments and plans for the work of the Order throughout the Dominion.

C.A.M.N.S.

Vancouver: The Vancouver Unit, Overseas Nursing Sisters' Association of Canada, held its annual meeting in the auditorium of Shaughnessy Military Hospital, upon the invitation of Miss Matheson and Dr. Jones. About forty members were present. A report was brought in regarding the taking out of a charter with the Canadian Legion, and was left for further discussion at a later date. The question of associate membership in the local association was also discussed, and annual reports showing a very successful year were given by the secretary-treasurer and the president. It was stated that there was now a membership of seventy, four of whom live out of town. Regret was expressed at the forthcoming departure for Toronto of Mrs. Ronald Haig. Election of officers for the year resulted as follows: president, Miss Jane Johnston; vice-president, Miss Pat Stewart; secretary-treasurer, Mrs. J. M. Brough; executive committee, Miss Alice Brand; convener of social committee, Miss E. V. Cameron; membership committee, Miss Blanche Swan; sick visiting, Mrs. Harry Black. After the meeting, a social evening of bridge followed.

Windsor: A regular meeting of the Nurses' Overseas Club was held at the home of Miss Mary Shand, Walkerville, on February 14, 1932. It was reported that Christmas cheer had been sent to the returned men in hospitals in the form of smokes—tobacco, cigarettes and cigars; flowers were also sent to sick members. Four new members were enrolled. At the close of the business session bridge was played. Officers for the year were elected as follows: Chairman, Miss Nellie Gerard; vice-chairman, Mrs. Gilbert Storey (Marion Starr); secretary-treasurer, Miss Frances McNally, of the Metropolitan Hospital; membership convener, Miss Myrtle Gieldar, Receiving Hospital, Detroit.

Winnipeg: The tenth annual meeting of the Nursing Sisters' Club of Winnipeg was held in the banquet room of McLeod's Restaurant, February 22, 1932, and took the form of a dinner gathering, attended by twenty-seven members. The tables were gay with daffodils and tulips set off by green tapers in silver candlesticks. The toast to the King was given. Absent friends and comrades were honoured. Reminiscences were in order, and many happy events of service days recalled. Those present included: Miss S. Pollexfen, in the chair; Mesdames Dan McDougal, Jean G. Harry, Stella Gordon Kerr, C. E. de Pencier, G. M. Hamblin, M. J. Johnson, E. W. Horton, A. D. McLeod, Fletcher Argue, C. W. Davidson; Misses L. M. Gray, E. Letellier, A. E. Andrews, I. A. E. Lloyd, E. A. Bennett, Ann Canning, M. C. MacGillivray, Josephine A. MacDonald, Gertrude Billyard, Elizabeth Stewart, Annie C. Starr, T. O'Rourke, Norah O'Shaughnessy, Mrs. Annie Bond, a South African veteran, and Mrs. T. Howard, veteran of the N.W. Rebellion. Following the dinner, annual reports were submitted by conveners of various committees and the members of the executive elected for 1932-33 as follows: president, Miss S. J. Pollexfen; first vice-president, Miss A. C. Starr; secretary-treasurer, Miss T. O'Rourke; convener social committee, Mrs. C. W. Davidson; press and publicity, Miss Josie McDonald; sick visiting, Miss C. Canning; membership, Miss A. Blais; memorial, Mrs. H. Coppinger; advisory members in addition, Mrs. J. F. Morrison, Mrs. A. D. McLeod and Miss M. MacGillivray.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BROWER—On January 10, 1932, at Edmonton, Alta., to Mr. and Mrs. Brower (Sybil McLeod, Royal Alexandra Hospital, Edmonton, 1925), a daughter.

CHRISTIE—On February 27, 1932, to Mr. and Mrs. R. J. Christie (Bessie Clark, Hamilton General Hospital, 1928), a son, Robert Douglas.

CHURCH—In March, 1932, at Montreal, to Mr. and Mrs. C. Church (Elizabeth Baxter, Royal Victoria Hospital, 1930), a son.

CUNNINGHAM—On May 30, 1931, to Mr. and Mrs. William Cunningham, Vegreville (Ruth Boutillier, Lamont, 1924), a son.

LANE—On February 4, 1932, in Montreal, to Mr. and Mrs. Hamilton Lane (Isabel Macfarlane, Royal Victoria Hospital, 1928), a daughter.

McDOUGALL—On January 4, 1932, at Edmonton, Alta., to Mr. and Mrs. John A. McDougall (Rose Louise Eastman, Royal Alexandra Hospital, 1926), a daughter.

MORRISH—On December 28, 1931, at Edmonton, Alta., to Dr. and Mrs. W. Morrish (Lilian Fraser Strachan, Royal Victoria Hospital, Montreal, 1919), a son, Hugh Fraser.

REID—On June 17, 1931, at Lamont, to Mr. and Mrs. R. W. Reid, Vermilion (Bessie Mellett, Lamont, 1927), a daughter.

WHEATCROFT—In July, 1931, to Mr. and Mrs. A. Wheatcroft, Edmonton (Merle Pasmore, Lamont, 1928), a daughter.

WILKINSON—On January 30, 1932, at Leduc, Alta., to Mr. and Mrs. N. Wilkinson (Jean Allen, University Hospital, Edmonton, 1928), a daughter, Florence Elizabeth.

YOUNG—On February 29, 1932, in Montreal, to Dr. and Mrs. Young (Norma Macfarlane, Royal Victoria Hospital, 1921), twin daughters.

MARRIAGES

ALTON—BREDSTEIN—Recently, at Ashmont, Zelma Bredstein (Lamont Hospital, 1930) to Malcolm Alton, of Lamont, Alta.

BEHLING — PANABAKER — Recently, Marjorie H. Panabaker (Kitchener & Waterloo Hospital, 1930) to Gordon Edward Behling, of Kitchener, Ont.

CLEARY—PALMER — Recently, at Edmonton, Eleanor Palmer (Lamont Hospital, 1924) to John Lester Cleary, of Pouce Coupe, B.C.

DACK—DARLING—On February 18th, 1932, at Brantford, Norma May Darling (Brantford General Hospital, 1925), to John Oldham Dack, of Brantford.

FOLLIS—BISHOP — On December 30th, 1931, at Medicine Hat, Zola Bishop (Medicine Hat General Hospital, 1931) to Erwin Follis.

HAROLD—LEES—On December 10th, 1931, at Edmonton, Jessie Lees (Lamont Hospital, 1930), to Gordon Harold, of Lamont, Alta.

LAMONT—DOVER—In December, 1931, at Toronto, Ontario, Donelda Dover (General and Marine Hospital, 1930) to Blakely Lamont, of Stayner, Ont.

MITCHELL—BASSETT — On December 29th, 1931, at Medicine Hat, Vera Bassett (Medicine Hat General Hospital, 1927) to John Mitchell.

NEVILLS—ROBB — Recently, Elizabeth Robb (Hamilton General Hospital, 1931) to Earl Lane Nevills, Hamilton, Ont.

PORTER—SODERO—On March 2nd, 1932, at Medicine Hat, Thelma Sodero (Medicine Hat General Hospital, 1927) to Emmerson Porter.

SMITH—WALKER—In October, 1931, at Collingwood, Ontario, Lily Walker (General and Marine Hospital, 1931) to Gordon Smith, of Stayner, Ont.

VAN EVERA—HOCKIN—On August 29th, 1931, at Toronto, Reta M. Hockin (Brantford General Hospital, 1927) to Arthur W. E. Van Evera, Brantford.

YUILL—VAN BUSKIRK — On January 27th, 1932, at Estevan, Marjorie Van Buskirk (Northwestern Hospital, Minneapolis, 1925) to H. Yuill, of Medicine Hat.

DEATHS

WHITE—On February 15th, 1932, at Peterborough, Ont., Edith White (Nicholls Hospital, Peterborough, 1927).

REGISTRATION of NURSES

PROVINCE OF ONTARIO

Examination Announcement

An Examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination, and general information relating thereto may be had upon written application to—

Miss A. M. MUNN, Reg.N.,
Parliament Bldgs., Toronto

POST-GRADUATE COURSE IN ORTHOPAEDIC NURSING

The Shriners' Hospital for Crippled Children, Montreal, Quebec, offers to graduates of accredited Schools of Nursing a two months' course in Orthopaedic Nursing. For information apply to:

Director of Nursing,
Shriners' Hospital for Crippled Children,
24 James Street, Albany, New York

Copies of Survey Report

are available at 511 Boyd Building, Winnipeg, Man.; University of Toronto Press, Toronto, Ont., and Secretaries of Provincial Associations of Registered Nurses.

Lots of ten copies, $1.75 each, or single copies, $2.00 each.

WANTED — Position as Instructress, or Supervisor of Nurses' Home by graduate with college degree. Apply Box 123, 511 Boyd Building, Winnipeg, Man.

WALK-OVER SHOE STORE

Shoes and Hosiery for all occasions

1119 St. Catherine St. West
MONTREAL, Que.
290 Yonge St., TORONTO, Ont.

When Ordering From Your Suppliers Specify

"Maple Leaf"
(BRAND)
ALCOHOL

For Every Hospital Use

Highest Quality Best Service

Medicinal Spirits, Rubbing Alcohol, Iodine Solution, Denatured Alcohol, Absolute Ethyl B.P., Anti-Freeze Alcohol.

Sold by all leading Hospital Supply Houses

Canadian Industrial Alcohol Co. Ltd.

Montreal Toronto Corbyville
Winnipeg Vancouver

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary -- Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President------------- ---Miss M. A. Snively, General Hospital, Toronto, Ont.
President------------------Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President-----------Miss K. W. Ellis, Winnipeg General Hospital, Winnipeg.
Second Vice-President-------Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary--------------Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer--------------Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss B. A. Emerson, 604 Civic Block, Edmonton.

British Columbia: 1 Miss M. P. Campbell, 118 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; 3 Miss M. Kerr, 3435 Victory Ave., New Westminster; 4 Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria, B.C.

Manitoba: 1 Miss Jean Houston, Manitoba Sanatorium, Ninette; 2 Miss M. S. Fraser, Nurses Home, Winnipeg General Hospital, Winnipeg; 3 Miss A. E. Wells, 30-300 Furby St., Winnipeg; 4 Miss M. Lang, 507 Walker Ave., Winnipeg.

New Brunswick: 1 Miss A. J. MacMaster, Moncton Hospital, Moncton; 2 Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; 3 Miss H. S. Dykeman, Health Centre, Saint John; 4 Miss Mabel McMullin, St. Stephen.

Nova Scotia: 1. Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; 2 Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax; 3 Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; 4 Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: 1 Miss Mary Millman, 126 Pape Ave. Toronto; 2 Miss Constance Brewster, General Hospital, Hamilton; 3 Miss Clara Vale, 75 Huntley St., Toronto; 4 Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: 1 Miss Lillian Pidgeon, Prince Co. Hospital, Summerside, P.E.I.; 2 Miss Anna Mair, Prince Edward Island Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown; 4 Miss Mary Lowther, 179 Grafton St., Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss Flora A. George, The Woman's General Hospital, Westmount; 3 Miss Marion Nash, 1246 Bishop Street, Montreal; 4 Miss Sara Matheson, Haddon Hall Apts., 2151 Lincoln Ave., Montreal.

Saskatchewan: 1 Miss Elisabeth Smith, Normal School, Moose Jaw; 2 Miss G. M. Watson, City Hospital, Saskatoon; 3 Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina; 4 Miss L. B. Wilson, 2012 Athol St., Regina.

ADDITIONAL MEMBERS TO EXECUTIVE

(Chairmen National Sections)

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver, B.C.; **Public Health**: Miss M. Moag, 1246 Bishop St., Montreal, P.Q.; **Private Duty**: Miss Isabel MacIntosh, 281 Park St. S., Hamilton, Ont.

Executive Secretary---Miss Jean S. Wilson.

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section

NURSING EDUCATION SECTION

Chairman: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **Vice-Chairman**: Miss M. F. Gray, University of British Columbia, Vancouver; **Secretary**: Miss E. F Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **Treasurer**: Miss M. Murdoch, General Public Hospital, St. John, N.B.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia**: Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba**: Miss M. S. Fraser, Nurses Home, Winnipeg General Hospital. **New Brunswick**: Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia**: Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax' **Ontario**: Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island**: Miss Anna Mair, Prince Edward Island Hospital, Charlottetown. **Quebec**: Miss Flora A. George, Woman's General Hospital, Westmount, P.Q. **Saskatchewan**: Miss G. M. Watson, City Hospital, Saskatoon.

Convener of Publications: Miss Mildred Reid, 10 Elenora Apts., Winnipeg, Man.

PRIVATE DUTY SECTION

Chairman: Miss Isabel MacIntosh, 281 Park St. S., Hamilton, Ont.; **Vice-Chairman**: Miss Moya MacDonald, 111 South Park St., Halifax, N.S.; **Secretary-Treasurer**: Miss Mabel St. John, 386A Huron Street, Toronto, Ont.

Councillors.—British Columbia: Miss E. Franks, Ste. 5, Tudor Manor, 1035 Fairfield Road, Victoria, B.C. **Manitoba**: Miss M. Lang, 507 Walker Ave., Winnipeg. **New Brunswick**: Miss Mabel McMullin, St. Stephen. **Nova Scotia**: Miss Jean Trivett, 71 Coburg Road, Halifax. **Ontario**: Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island**: Miss Mary Lowther, 179 Grafton St., Charlottetown. **Quebec**: Miss Sara Matheson, 2151 Lincoln Ane., Montreal. **Saskatchewan**: Miss L. B. Wilson, 2012 Athol St., Regina.

Convener of Publications: Miss Clara Brown, 23 Kendal Ave., Toronto, Ont.

PUBLIC HEALTH SECTION

Chairman: Miss M. Moag, 1246 Bishop St., Montreal, Que.; **Vice-Chairman**: Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont.; **Secretary-Treasurer**: Mrs. W. M. Prince, School for Graduate Nurses, McGill University, Montreal, Que.

Councillors.—Alberta: Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia**: Miss M. Kerr, 3435 Victory Ave., New Westminster. **Manitoba**: Miss A. E. Wells, 30 300 Furby St., Winnipeg. **New Brunswick**: Miss H. S. Dykeman. Health Centre, Saint John. **Nova Scotia**: Miss A. Edith Fenton, Dalhousie Public Health Clinic, Morris St., Halifax. **Ontario**: Miss Clara Vale, 75 Huntley St., Toronto. **Prince Edward Island**: Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown. **Quebec**: Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan**: Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina.

Convener of Publications: Miss Mary Campbell Victorian Order of Nurses, 344 Gottingen St., Halifax, N.S.

ALBERTA ASSOCIATION OF REGISTERED NURSES

President: Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary; First Vice-President, Miss Edna Auger, Medicine Hat General Hospital, Medicine Hat; Second Vice-President, Sister M. A. Chauvin, General Hospital, Edmonton; Registrar and Secretary-Treasurer, Miss Kate S. Brighty, Administration Building, Edmonton; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat; Public Health Committee, Miss B. A. Emerson, 604 Civic Block, Edmonton; Secretary, Miss P. Chapman, 10754 81st Ave., Edmonton.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss M. P. Campbell, R.N., 118 Vancouver Block, Vancouver; First Vice-President, Miss E. Breeze, R.N., 4662 Angus Ave., Vancouver; Second Vice-President, Miss G. Fairley, R.N., Vancouver General Hospital, Vancouver; Registrar, Miss Helen Randal, R.N., 118 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 118 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., University of British Columbia, Vancouver; Public Health, Miss M. Kerr, R.N., 3435 Victory Ave., New Westminster; Private Duty, Miss E. Franks, R.N., Ste. 5, Tudor Manor, 1035 Fairfield Rd., Victoria; Councillors, Misses J. Archibald, R.N., L. Boggs, R.N., M. Duffield, R.N., L. McAllister, R.N.

MANITOBA ASS'N OF REGISTERED NURSES

President, Miss Jean Houston, Manitoba Sanatorium, Ninette; First Vice-President, Miss M. Reid, 10 Elenora Apts., McDermot Ave.; Second Vice-President, Mrs. A. D. McLeod, 2 Linwood Court, Deer Lodge; Conveners of Sections: Nursing Education, Miss M. S. Fraser, Nurses Home, Winnipeg General Hospital; Public Health, Miss A. E. Wells, 30-300 Furby St.; Private Duty, Miss M. Lang, 507 Walker Ave.; Conveners of Committees: Social and Programme, Miss G. Billyard, 2 Linwood Court, Deer Lodge; Sick Visiting, Mrs. J. R. Hall, 304 Lilac St.; Press and Publication, Mrs. McMurtrie, Winchester Apts.; Legislative, Miss E. Russell, 5 Fairmont Apts.; Directory, Miss E. Carruthers, 902 Palmerston Ave.; Executive Secretary, Treasurer and Registrar, Mrs. Stella Gordon Kerr, 753 Wolseley Ave.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch, General Public Hospital, Saint John; Second Vice-President, Miss E. J. Mitchell, 20 Millidge St., Saint John; Hon. Secretary, Mrs. W. S. Jones, Albert, N.B. Councillors—Saint John: Misses Brophy, Coleman, Lawson and Dykeman; St. Stephen, Misses Jessie Murray and Mabel McMullen; Fredericton, Miss Kate Johnson, Mrs. A. G. Woodcock; Moncton: Misses Myrtle Kay and Marion MacLaren; Campbelltown: Sister Kerr, Miss G. M. Murray; Chatham: Sister Kenny; Bathurst: Miss M. E. Stuart; Woodstock Miss Elsie M. Tulloch. Nursing Education, Sister Corinne Kerr, Hotel Dieu Hospital, Campbelltown; Public Health, Miss H. S. Dykeman, Health Centre, Saint John; Private Duty, Miss Mabel McMullin, St. Stephen; Constitution and By-laws Committee, Miss S. E. Brophy, Fairville; "The Canadian Nurse," Miss A. A. Burns, Health Centre, Saint John; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West Saint John.

REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

President, Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; First Vice-President, Miss Anne Slattery, Dalhousie Health Clinic, Morris St., Halifax; Second Vice-President, Miss Margaret M. Martin, Payzant Memorial Hospital, Windsor; Third Vice-President, Miss Josephine Cameron, Halifax; Recording Secretary, Miss A. M. Fraser, "Pineleigh," North-West Arm, Halifax; Treasurer and Corresponding Secretary, Miss L. F. Fraser, 325 South St., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss Mary Millman, 126 Pape Ave., Toronto; First Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Second Vice-President, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Matilda Fitzgerald, 380 Jane Street, Toronto.

District No. 1: Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Lila Curtis, 78 Forest St., Chatham. Districts Nos. 2 and 3: Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Anne Wright, General Hospital, St. Catherines; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherines St. S., Hamilton. District No. 5: Chairman, Miss Rahno M. Beamish, Western Hospital, Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road E., Toronto. District No. 6: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Lillian Simons, 311 Rubidge St., Peterborough. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Evelyn Freeman, General Hospital, Kingston. District No. 8: Chairman: Miss Dorothy Percy, 434 Queen St., Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa. District No. 9: Chairman, Miss Katherine MacKenzie, 235 First Ave., E. North Bay; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Mrs. F. Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Helen Watkinson, 217 Cumming St., Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M.A., Mabel Clint, Rev. Mere M. V. Allaire, Rev. Soeur Augustine; President, Miss Mabel K. Holt, Montreal General Hospital; Vice-Presidents (English) Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital, (French) Mlle. Edna Lynch, Nursing Supervisor Metropolitan Life Assurance Co.; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Other members, Miss Flora Aileen George, The Woman's General Hospital, Miss Marion Nash, V.O.N., Montreal, Madame Caroline Vachon, Hotel Dieu, Montreal; Miss Sara Matheson, Miss Charlotte Nixon; Conveners of Sections, Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) .Mlle. Alice Lepine Hopital Notre Dame; Nursing Education, (English) Miss Flora Aileen George, Woman's General Hospital, Westmount; (French), Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marion Nash, V.O.N., 1246 Bishop St.; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Montreal Maternity Hospital, Mme. R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles. Edna Lynch, Hopital Notre Dame, Laure Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, Alexandra Hospital, Marion Lindeburgh, School for Graduate Nurses, McGill University, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Executive Secretary, Registrar and Official School Visitor; Miss. E. Frances Upton, Suite 221, 1396 St. Catherine St., W. Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Miss G. M. Watson, City Hospital, Saskatoon; Councillors, Miss R. M. Simpson, Department of Public Health, Regina, Sister Mary Raphael, Providence Hospital, Moose Jaw; Conveners of Standing Committees, Public Health, Mrs. E. M. Feeny, Dept. of Public Health, Regina; Private Duty, Miss L. B. Wilson, 2012 Athol St., Regina; Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; Acting President, Miss K. Lynn; Second Vice-President, Miss Barber; Treasurer, Miss M. Watt; Recording Secretary, Mrs. B. J. Charles; Corresponding Secretary, Miss I. Jackson; Registrar, Miss D. Mott, 616 15th Ave. W.; Convener Private Duty Section, Mrs. R. Hayden.

EDMONTON ASSOCIATION OF GRADUATE NURSES

President, Mrs. K. Manson; First Vice-President, Miss B. Emerson; Second Vice-President, Miss F. Welsh; Secretary, Miss C. Davidson; Corresponding Secretary, Miss J. G. Clow, 11138 82nd Ave.; Treasurer, Miss L. Ward, 11328 102nd Ave.; Programme Committee, Miss A. L. Young, Miss I. Johnson; Sick Visiting Committee, Miss P. Chapman, Miss Gavin. Representative to "The Canadian Nurse," Miss M. Griffith, 10806 98th St.

MEDICINE HAT GRADUATE NURSES ASSOCIATION

President, Mrs. Mary Tobin; First Vice-President, Mrs. Laing; Second Vice-President, Miss F. Ireland; Secretary, Miss M. Hagerman, City Court House, 1st St.; Treasurer, Miss Edna Auger; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Miss M. Murray; Private Duty Section, Miss V. Ross; Correspondent, "The Canadian Nurse," Miss F. Smith.

Regular meeting first Tuesday in month.

A.A., LAMONT PUBLIC HOSPITAL, LAMONT, ALTA.

Hon. President, Mrs. R. E. Harrison; President, Miss M. Boutillier; Vice-President, Miss L. Wright; Secretary-Treasurer, Mrs. C. Craig, Namao, Alta.; Corresponding Secretary, Miss F. E. C. Reid, Box 84, Innisfree, Alta.; Social Committee, Mrs. G. Harold, Mrs. M. Alton.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President; Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

NELSON GRADUATE NURSES ASSOCIATION

Hon. President, Miss K. E. Gray, Matron, Kootenay Lake General Hospital; President, Miss A. Cant; First Vice-President, Mrs. P. Bates; Second Vice-President, Miss M. Madden; Third Vice-President, Mrs. Scatchard; Secretary-Treasurer, Mrs. A. Banks, Box 1053, Nelson, B.C.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss Grace M. Fairley, General Hospital, Vancouver; Second Vice-President, Miss J. Matheson; Secretary, Miss K. F. Perrin, 3629 2nd Ave. W., Vancouver; Treasurer, Miss L. G. Archibald, 536 12th Ave. W., Vancouver; Council, Misses O. M. Shore, M. Gray, D. McDermott, J. Johnston, M. Duffield; Conveners of Committees: Sick Visiting, Miss B. Cunliffe; Directory, Miss H. Smith; Creche, Miss M. McLellan; Finance, Mrs. Dugdale and Miss Wismer; Representative, "The Canadian Nurse," Miss M. G. Laird; Representative, Local Press, Rotating members of the Board.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Annable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss Mildred Cohoon; Assistant Secretary, Miss E. Hanafin; Secretary-Treasurer, Miss L. Elizabeth Otterbine; Executive, Misses Marjorie McDonald, N. Comerford, A. Kerr, B. Geddes, G. Oddstad.

A.A., VANCOUVER GENERAL HOSPITAL

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary, Mrs. J. Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners: Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A.A., JUBILEE HOSPITAL, VICTORIA, B.C.

Hon. President, Miss L. Mitchell; President, Miss E. Oliver; First Vice-President, Mrs. Chambers; Second Vice-President, Mrs. Carruthers; Secretary, Miss S. Fatt, 601 Trutch St.; Assistant Secretary, Miss B. Montague; Treasurer, Miss J. Paterson; Convener, Entertainment Committee, Mrs. Lancaster; Sick Nurses, Miss C. McKenzie.

BRANDON ASSOCIATION OF GRADUATE NURSES

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. Finlayson; First Vice-President, Miss H. Meadows; Second Vice-President, Miss J. Anderson; Secretary, Miss K. Campbell, Park View Apts., Brandon; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees: Social, Mrs. S. J. S. Pierce; Sick Visiting, Miss Bennett; Welfare Representative, Miss Houston; Blind, Mrs. R. Darrach; Cook Books, Miss M. Gemmell; Press Representative, Miss D. Longley; Registrar, Miss C. Macleod.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sister Mead, St. Boniface Hospital; Second Hon. President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss E. Shirley, 28 King George Court; First Vice-President, Miss Helen Stephen, 15 Ruth Apts., Maryland St.; Second Vice-President, Miss E. Pearey, 1307 Alexander Ave.; Treasurer, Miss A. Price, 259 Spence St.; Secretary, Mrs. Stella Gordon Kerr, 753 Wolseley Ave.; Entertainment Committee, Miss T. O'Rourke, 380 Agnes St.; Refreshment Committee, Miss E. Miller, Ste. 2, St. James Park Blk., Home St.; Representative to Manitoba Nurses Central Directory, Miss A. Laporte, 31 Kennedy St.; Representative to Local Council of Women, Mrs. C. W. Davidson, 311 Cambridge St.; Press Representative, Miss F. Howson, St. Boniface Nurses Home; Sick Visiting, Miss Bridget Greville, 211 Hill St. ,Norwood.

Meetings—Second Wednesday of each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid, 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingsway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave., Membership, Miss A. Pearson, Winnipeg General Hospital.

DISTRICT No. 8, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss D. M. Percy; Vice-Chairman, Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, J. Church, M. Slinn, R. Pridmore, E. Rochon, A. Brady; Conveners of Committees: Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. B. Anderson; Private Duty, Miss Jean Church; Public Health, Miss M. Robertson.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss A. Boucher; First-Vice President, Mrs. F. Edwards; Second Vice-President, Miss V. Lovelace; Secretary-Treasurer, Miss M. Racey; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss L. Young; Private Duty, Miss I. Sheehan; Publication, Miss M. Flannagan; Membership, Miss M. Sideen, Miss D. Elliott; Social: Miss E. Hamilton, Miss Chiver-Wilson, Miss E. McTavish; Representatives to Board of Directors Meeting, R.N.A.O., Mrs. F. Edwards.

Meetings held first Thursday every month.

GRADUATE NURSES ASSOCIATION, KITCHENER AND WATERLOO

President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman, Freeport Sanatorium; Treasurer, Mrs. Wm. Knell, 41 Ahrens St. W.; Representative, "The Canadian Nurse," Miss E. Hartleib.

GRADUATE NURSES ALUMNAE, WELLAND, ONT.

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

A.A., BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence McIndoo; President, Miss E. McEwen; Vice-President, Miss E. Cryderman; Secretary, Miss B. Cryderman; Treasurer, Miss E. Wright; Flower Committee, Miss J. Thompson and Miss M. MacFarlane; Representative, "The Canadian Nurse," Mrs. J. Campbell.

Regular meeting held first Tuesday in each month at 7.30 p.m. at the Nurses Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss I. Marshall; Vice-President, Miss A. Hardisty; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss F. Batty; Treasurer, Miss L. Gillespie, 14 Abigail Ave., Brantford; Social Convener, Miss M. Meggitt; Flower Committee, Misses P. Cole and F. Stewart; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; "The Canadian Nurse" and Press Representative, Miss E. M. Jones; Representative to Local Council of Women, Miss G. V. Westbrook.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., CORNWALL GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Miss Boldick; Second Vice-President, Miss B. McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss B. Paterson.

A.A., GALT HOSPITAL, GALT, ONT.

Hon. President, Miss Jamieson; President, Miss G. Rutherford; First Vice-President, Mrs. F. L. Roelofson; Second Vice-President, Mrs. E. D. Scott; Secretary-Treasurer, Miss S. Mitchell, 11 Harris St.; Assistants Misses A. Sickle and I. Atkinson; Programme Committee, Misses Turnbull, Murphy, Baker and Frizelle.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss. L. Ferguson; First Vice-President, Miss C. Zeigler; Second Vice-President, Miss Dora Lambert; Secretary, Miss N. Kenny, Treasurer, Miss J. Watson; Committees, Flower; Mrs. R. Hockin, Misses Creighton, I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse," Miss A. L. Fennell.

A.A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss M. Buchanan, Hamilton General Hospital; Vice-President, Miss H. Aitken, 21 Head St.; Recording Secretary, Miss E. Bell, 184 Bold St.; Corresponding Secretary, Miss A. Gayfer; Treasurer, Miss C. Woodford, 220 Hunter East; Secretary-Treasurer, Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss A Boyd (Convener), Misses C. Harley, J. Souter, B Aitken, Mrs. N. Barlow; Programme Committee, Miss C. Chapple (Convener), Misses J. Murray, M. Ashbaugh, C. Inrig, M. Ross, M. Eastwood, S. Chapman; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires, Burnett, Strachan; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Misses C. Harley, E. Buckbee; Representative to R.N.A.O., Miss G. Hall; Representatives Registry Committee, Mrs. Hess (Convener), Misses A. Nugent, Burnett, I. MacIntosh, E. Davidson, L. Hack, C. Waller, E. Grinyer, Margaret Clark, Florence Leadley, M. Buchanan, I. Buscombe, Hazel Dahl; Representative Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse," Misses C. Gayfer, S. Herbert, M. Spence, M. Watson.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagan; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss Moran.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. William Elder, Avonmore Apts.; Vice-President, Mrs. V. L. Fallon; Treasurer, Miss Millie MacKinnon; Secretary, Miss Genevieve Pelow; Executive, Mrs. L. Welch, Mrs. Cochrane, Mrs. L. E. Crowley, Misses Millie Mackinnon, Evelyn Finn; Visiting Committee, Misses Olive McDermott, C. McGarry; Entertainment Committee, Misses MacKinnon, Murphy, Bain, Hamell, McCadden, Mrs. Ryan, Mrs. Fallon.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Miss Oleira M. Wilson; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Mrs. S. F. Campbell; Third Vice-President, Miss Ann Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss C. Milton, 404 Brock St.; Recording Secretary, Miss Ann Davis, 96 Lower William St.; Convener Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Press Representative, Miss Helen Babcook, Kingston General Hospital; Private Duty Section, Miss Emma McLean, 478 Frontenac St.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Miss K. W. Scott ; President, Miss L. McTague; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, 32 Troy St.; Asst. Secretary, Miss J. Sinclair; Treasurer, Miss E. Ferry; "The Canadian Nurse", Miss E. Hartlieb

A.A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Madeline Baker; First Vice-President, Miss Olive O'Neill; Second Vice-President, Miss Florence Connolly; Recording Secretary, Miss Stella Gignac; Corresponding Secretary, Miss Gladys Gray; Treasurer, Miss Alice McTague; Press Representative, Miss Lillian Morrison; Representatives to Registry Board, Misses Elizabeth Armishaw, Rhea Ronatt.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Honorary President, Miss Hilda Stuart, Superintendent, Victoria Hospital; President, Miss Mae Jones, Windsor and Ridout St., London; First Vice-President, Miss Christena Gillies, Victoria Hospital; Second Vice-President, Miss Margaret McLaughlin, Victoria Hospital; Treasurer, Miss Mildred Thomas, 490 Piccadilly St., London; Secretary, Miss Verna Ardiel, 1000 Lorne Ave., London; Corresponding Secretary, Miss Gladys McDougall, 14 Bellevue Ave.; Board of Directors, Misses Mallock, M. Walker, Mortimer, Mrs. L. McGugan, Mrs. H. Smith, Mrs. Sterritt; Representatives to "The Canadian Nurse," Miss G. Erskine, Victoria Hospital, and Mrs. Scanlon, 769 Quebec St.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Mrs. J Taylor; Vice-President, Miss L. McConnell; Secretary, Miss J. McClure; Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Convener Sick Committee, Miss A. Irving; Asst. Convener Sick Committee, Miss Coutts; Convener Private Duty Committee, Miss K. Prest.

A.A., ORILLIA SOLDIER'S MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss McMurray; Second Vice-President, Miss S. Dudenhoffer, Secretary-Treasurer, Miss M. B. MacLelland, 128 Nississaga St. W.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss E. MacWilliams; President, Mrs. Mabel Yelland, 14 Victoria Apartments, Simcoe St. South, Oshawa; Vice-President, Miss Jessie McIntosh; Secretary, Miss Helen Batty, Brooklin, Ont.; Treasurer, Miss Jane Cole; Corresponding Secretary, Miss Helen Hutchison, 14 Victoria Apartments, Simcoe St. South, Oshawa.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee. Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

A.A., LADY STANLEY INSTITUTE, OTTAWA

(Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St., Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse," Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., OTTAWA CIVIC HOSPITAL

Hon. President, Miss Gertrude Bennett; President, Miss Evelyn Pepper; First Vice-President, Miss Elizabeth Graydon; Second Vice-President, Miss Dorothy Moxley; Recording Secretary, Miss Martha MacIntosh, Nurses Residence, Civic Hospital; Corresponding Secretary, Miss Grace Froats, Nurses Residence, Civic Hospital; Treasurer, Miss Winnifred Gemmell, 221 Gilmour St.; Councillors. Miss K. Neeol, Miss L. Stevenson, Miss G. Wilson, Miss M. Downey, Miss M. Normand; Convener of Membership Committee, Miss Winnifred Gemmell; Press Correspondent, Miss E. Osborne.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Mrs. McEvoy; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss G. Clarke; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women. Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau, Miss F. Nevins; Representatives to Central Registry, Miss L. Egan, Miss A. Stackpole; Representative to "The Canadian Nurse," Miss Dorothy Knox.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss B. Hall; President, Mrs. D. J. McMillan, 1151 3rd Ave. W.; Vice-President, Miss C Thompson; Secretary-Treasurer, Miss A. Mitchell, 466 17th St. W.; Assistant Secretary-Treasurer, Mrs. Tomlinson; Flower Committee, Miss M. Story, Miss C. Stewart, Mrs. Frost; Programme Committee, Misses Sim, C. Stewart; Press Representative, Miss M. Morrison.

A.A., NICHOLLS HOSPITAL, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson; President, Miss Helen Anderson, 358 Hunter St. W.; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson; Secretary, Miss F. Vickers, 738 George St.; Corresponding Secretary, Miss E. MacBrien; Treasurer, Miss L. Ball, 584 Division Street; Convener Social Committee, Miss A. Dobbin; Convener of Flower Committee, Miss M. Horsley.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss M. Lee; President, Miss L. Seigrist; Vice-President, Miss B. McFarlan; Secretary, Miss A. Silverthorne; Treasurer, Miss M. Woods; "The Canadian Nurse," Miss E. Dickey; Flower Committee (Convener), Miss J. McKenzie; Programme and Social Committee, Misses P. Humphrey, O. Banting, B. McFarlan; By-laws Committee, Misses O. Banting, M. McCrae, E. Dickey.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Florence Kudoba; Vice-President, Miss Rena Johnston; Secretary-Treasurer. Miss Alma Rock, 97 John St.; Conveners of Committees: Social, Mrs. Lloyd Miller; Flower, Miss Margaret Derby; Correspondent, "The Canadian Nurse," Miss Helen Dinsdale.

A.A., MACK TRAINING SCHOOL, ST. CATHERINES

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Helen Brown, General Hospital; First Vice-President, Mrs. C. Hesburn, 54 George St.; Second Vice-President, Miss Marriott, 94½ Queenston St.; Secretary-Treasurer, Miss Florence McArter, General Hospital; Asst. Secretary-Treasurer, Miss Margaret Stewart, General Hospital; Press Correspondent, Mrs. S. Ockenden, 4 Buch St.; "The Canadian Nurse" Representative, Miss Aleda Brubaker, 29 Page St.; Social Committee (Convener), Miss Mildred Strong, General Hospital; Programme Committee (Convener), Miss Janette Hastie, General Hospital.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Margaret Benjafield, 39 Wellington Street; First Vice-President, Mrs. Frank Penhale; Second Vice-President, Miss Bessie Pollock; Recording Secretary, Mrs. John Smale, 34 Erie Street; Corresponding Secretary, Miss Alice Patrick, 33 Gladstone Ave.; Treasurer, Miss Bella Mitchener, 50 Chestnut Street; "The Canadian Nurse," Miss Isabella M. Leadbetter, Talbot Street. Executive, Misses Hazel Hastings, Lissa Crane, Mary Oke, Mildred Jennings, Florence Treherne.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss E. Manning; First Vice-President, Miss J. Algie; Second Vice-President, Miss Jean Browne; Secretary, Miss Jean Anderson, 149 Glenholme Ave., Toronto; Treasurer, Miss M. Morris, Ward "C," Toronto General Hospital; Councillors, Misses G. Gawley, A. Landon, G. Ross; Archivist, Miss Kniseley; Committees: Flower, Misses Clubine (Convener), Hannant, Forgie, Eugenia Stewart; Programme, Mrs. Driver (Convener), Misses Annie Dove, Edna Fraser, Ethel Campbell, Dorothy Dove; Social, Mrs. Stevens (Convener), Misses Neal, L. Bailey; Nominations, Mrs. Dewey (Convener), Misses Marion Stewart, Myrtle Murray, Mary McFarland; "The Canadian Nurse," Misses Betty Stringall (Convener), McGarry, E. Thompson.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. L. B. Hutchison; Recording Secretary, Miss M. Teasdale; Corresponding Secretary, Miss Lillian E. Wood, 20 Mason Blvd., Toronto 12; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; Presdent, Miss Ida Weeks, 130 Dunn Ave.; Vice-President, Miss Sadie McClaren; Recording Secretary, Miss Ivy Ostic; Corresponding Secretary, Miss Louise Hopkinson; Treasurer, Miss Maude Zufelt; Social Convener, Miss Phyllis Ebert.

A.A., TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss MacLean, 100 Bloor St. West; President, Miss Hazel Young, 100 Bloor St. West; Vice-President, Mrs. E. Philips, 155 Donlands Ave.; Secretary-Treasurer, Miss R. Hollingworth, 100 Bloor St. West; Representative to Central Registry, Miss M. Beston, 145 Glendale Ave., and Miss E. Kerr, 2001 Bloor St. West; Representative to R.N.A.O., Miss A. Bodley, 43 Metcalf St.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss Carrie Field; First Vice-President, Miss Gertrude Gastrell; Second Vice-President, Mrs. W. H. Thompson; Secretary, Miss Breeze, Riverdale Hospital; Treasurer, Miss Margaret Floyd, Riverdale Hospital; Board of Directors—Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss K. Mathieson, Riverdale Hospital; Membership, Miss Murphy, Weston Sanitariom, Weston; Mrs. E. G. Berry, 97 Bond St., Oshawa; Press and Publication, Miss C. L. Russell, General Hospital, Toronto; Representatives to Central Registry, Misses Hewlett and Morris.

A.A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss H. Panton and Miss P. B. Austin; President, Mrs. F. E. Atkinson; First Vice-President, Miss Petron Adam; Second Vice-President, Miss Alice Grindley; Corresponding Secretary, Miss Mary Ingham; Recording Secretary, Miss Mary Acland; Treasurer, Miss V. Marie Grafton, 534 Palmerston Blvd.; Councillors, Misses Louise Rogers, Hilda Rose, Jean Beaton, Helen Needler, Mabel St. John and Mrs. Harold McClelland.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, S.S.J.D., St. John's Convent, 28 Major St.; President, Miss Cook, 464 Logan Ave.; First Vice-President, Miss Holdsworth, Islington 297; Second Vice-President, Miss Morgan, 322 St. George St.; Recording Secretary, Miss Frost, 450 Maybank Ave.; Corresponding Secretary, Miss Radcliff, 430 Walmer Rd.; Treasurer, Miss Slimon, 464 Logan Ave.; Convener of Flowers and Sick, Miss Anderson, 468 Kingston Rd.; Press Representative, Miss Grace Doherty, 28 Balmoral Ave.

A.A., ST. JOSEPH'S HOSPITAL, TORONTO, ONT.

Hon. President, Rev. Sister Superior; President, Miss G. Davis; First Vice-President, Miss E. Morrison, 1543 Queen St. West; Second Vice-President, Miss E. Jobin; Recording Secretary, Miss M. O'Malley; Corresponding Secretary, Miss I. Gallagher, 320 Lonsdale Rd.; Treasurer, Miss A. Harrigan; Councillors, Mrs. G. Beckett, Misses M. Conway, R. Jean-Marie and L. Boyle.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Rev. Sister Margaret; Hon. Vice-President, Rev. Sister M. Amata; President, Miss Grace Murphy, St. Michael's Hospital; First Vice-President, Miss H. M. Kerr; Second Vice-President, Miss E. Graydon; Third Vice-President, Miss M. Burger; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 33 Maitland St., Apt. 106, Toronto; Press Representative, Miss May Greene; Councillors Misses M. Foy, J. O'Connor, Stropton; Private Duty, Miss A. Purtle; Public Health, Miss I. McGurk; Representative Central Registry of Nurses, Toronto. Miss M. Melody.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Ruth Jackson, 80 Summerhill Ave.; Vice-President, Miss Janet Smith, 138 Wellesley Crescent; Recording Secretary, Miss Kathleen Howie; Corresponding Secretary, Miss Anita Beadle, 49 Dundonald St.; Treasurer, Miss Constance Tavener, 804-A Bloor St. West; Correspondent to "The Canadian Nurse," Miss W. Ferguson, 16 Walker Ave.; Flower Convener, Miss E. Fewings, 177 Roehampton Ave.; Social Convener, Miss Muriel Lindsay.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss Rahno Beamish, Toronto Western Hospital; Vice-President, Miss F. Matthews; Recording Secretary, Miss Maud Campbell; Secretary-Treasurer, Miss Isobel Buckley, Toronto Western Hospital; Representative to "The Canadian Nurse," Miss H. Milligan; Representative to Local Council of Women, Mrs. G. Valentine; Hon. Councillors, Mrs. I. MacConnell, Mrs. Annie York; Councillors, Misses Annie Cooney, Leota Steacy, E. Knowles, G. Sanders, Myrtle Hamilton, H. Milne, Mrs. H. Baker; Social Committee, Miss Olive MacMurchy (Convener), Misses M. Agnew, A. Woodward, E. Bolton; Flower Committee, Miss Helen Stewart, Miss Mary Ayerst; Visiting Committee, Misses J. Moore, G. Jones, Helen MacMurchy; Layette Committee, Miss Cooper, Miss Ballantyne.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses Residence, Toronto Western Hospital.

A.A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss Harriet Meiklejohn; President, Miss E. J. Henry; First Vice-President, Mrs. Scullion; Second Vice-President, Miss Eleanor Clark; Recording Secretary, Miss Jessie Wagner; Corresponding Secretary, Miss Grace Clarke, 46 Delaware Ave.; Assistant Secretary, Miss Margaret Free; Treasurer, Miss Bessie Fraser, 526 Dovercourt Rd.; Representatives to Central Registry, Misses A. Bankwitz, Lois Shaw; Representatives to District No. 5, R.N.A.O., Misses Isabelle Munns, Ella Flett; Representatives to Local Council, Misses D. Berry, T. Hawkes; Conveners of Committees, Sick, Miss May Roberts; Social, Miss Agnes McGregor; Councillors, Misses W. Worth, M. Chalk and V. Allen; Representative to "The Canadian Nurse," Miss E. E. K. Collier.

Meetings at 74 Grenville St. second Monday in each month.

A.A., CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss E. Eldridge; Vice-President, Miss A. Atkinson; Secretary, Miss E. L. Barlow, Toronto Hospital, Weston; Treasurer, Miss P. M. Stuttle.

A.A., HOTEL DIEU, WINDSOR, ONTARIO

President, Miss Angela Code, Maple Apts.; First Vice-President, Miss Helen Piper; Second Vice-President, Miss Alice Baillageon; Secretary, Miss Helen Slattery; Treasurer, Miss Evelyn Wolfe; Press Correspondent, Miss Mary A. Finnegan.

A.A., GENERAL HOSPITAL, WOODSTOCK

Hon. President, Miss Frances Sharpe; President, Mrs. Melsome; Vice-President, Miss Jefferson; Secretary, Miss G. Boothby; Assistant Secretary, Miss Green; Corresponding Secretary, Miss M. F. Costello, 67 Wellington St. N., Woodstock, Ont.; Treasurer, Miss L. Jackson; Representative, The Canadian Nurse, Miss A. G. Cook; Programme Committee, Misses Mackay, Anderson and Hobbs; Social Committee, Miss Hastings and Miss M. Culvert; Flower Committee, Miss Rickard and Miss Eby.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent, Sherbrooke Hospital; President, Miss H. Hetherington; First Vice-President, Miss Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss E. Morrissette; Representative, "The Canadian Nurse," Miss C. Hornby, Box 324, Sherbrooke, P.Q.

MONTREAL GRADUATE NURSES' ASS'N

Hon. President, Miss L. C. Phillips; President, Miss Agnes Jamieson, 1230 Bishop St.; First Vice-President, Miss Sara Matheson; Second Vice-President, Miss Kate Wilson; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Lucy White; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss Georgia Colley.

Regular Meeting—Second Tuesday of January, first Tuesday of April, October and December.

A.A., CHILDREN'S MEM. HOSP., MONTREAL

Hon. President, Miss A. S. Kinder; President, Miss D. Parry; Vice-President, Miss M. Flanders; Secretary, Miss R. Paterson, 3498 Harvard Ave., N.G.D.; Treasurer, Miss H. Easterbrook; Representative, "The Canadian Nurse," Miss V. Schneider; Sick Nurses Committee, Misses H. Nutall, M. Plamondon; Social Committee, Misses A. McFarlane, A. Adlington, F. Black and G. Gough; Representative, Private Duty Section, Miss J. Wilson.

A.A., MONTREAL GENERAL HOSPITAL

President, Miss E. Frances Upton; First Vice-President, Miss M. Mathewson; Second Vice-President, Miss J. Morrell; Recording Secretary, Miss H. Tracey; Corresponding Secretary, Mrs. E. C. Menzies; Treasurer, Alumnae Association and Mutual Benefit Association, Miss I. Davies; Hon. Treasurer, Miss H. Dunlop; Executive Committee, Misses R. Loggie, A. Whitney, H. Hewton, M. M. Johnston, H. Parmenter; Representatives, Private Duty Section, Miss L. Urquhart (Convener), Misses E. Elliott, V. Hill; Representatives, "The Canadian Nurse," Miss L. C. McCuaig (Convener), Miss M. Campbell; Representatives, Local Council of Women, Miss G. Colley (Convener), Miss M. Ross; Sick Visiting Committee, Mrs. Stuart Ramsey (Convener), Miss E. McDonald; Programme Committee, Misses I. Davies, M. Batson; Refreshment Committee, Miss A. M. McKay (Convener), Mrs. W. Sumner, Mrs. D. Stewart, Miss B. J. Smith.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs. J. Warren; First Vice-President, Miss A. Porteous; Second Vice-President, Miss H. McMurtry; Secretary, Miss W. Murphy; Asst. Secretary, Miss M. Brighty; Treasurer, Miss D. W. Miller; Asst. Treasurer, Miss N. G. Horner; Private Duty Section, Miss J. Holland; "The Canadian Nurse" Representative, Miss A. Pearce; Social Committee, Miss M. Currie, Miss E. Burns.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Miss A. E. Draper, Miss M. F. Hersey; President, Mrs. F. A. C. Scrimger; First Vice-President, Miss G. Godwin; Second Vice-President, Miss E. Gall; Recording Secretary, Miss E. MacKean; Secretary-Treasurer, Miss K. Jamer; Executive Committee, Miss M. F. Hersey, Mrs. E. Roberts, Misses M. Etter, E. Reid, A. Bulman, Mrs. G. Malhado; Conveners of Committees: Finance, Miss B. Campbell; Sick Visiting, Miss A. Deane; Programme, Miss E. Flannagan; Private Duty Section, Miss M. MacCallum; Representatives to Local Council, Mrs. T. R. Waugh, Miss J. Rowat; Refreshment Committee, Miss K. MacLennan, Miss E. Stuart; Representative, "The Canadian Nurse," Miss G. Martin.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Craig; President, Miss Birch; First Vice-President, Miss E. MacWhirter; Second Vice-President, Miss Lillian Payn; Treasurer, Miss Jane Craig, Western Hospital; Secretary, Miss Olga McCrudden, 314 Grosvenor Ave., Westmount, P.Q.; Finance Committee, Miss L. Johnston, Miss M. Martin; Programme Committee, Miss A. McOuat; Sick Visiting Committee, Miss Dyer; Representative to Private Duty Section, Miss L. Sutton, Mrs. Stanley Morrison; Representative, "The Canadian Nurse," Miss Edna Payne.

L'ASSOCIATION DES GARDES-MALADES GRADUEES DE L'HOPITAL NOTRE-DAME

Bureau de direction, Membres honoraires: Rév. Mère Piché; Rév. Mère Mailloux; Rév. Soeur Despins; Rév. Soeur Bellemarre; Rév. Sr. Robert; Melle M. Guillemette; Melle T. Hayden; Melle C. Brideaux. Présidente, Jeanne L'Heureux; Secretaire, Marguerite Pauzé; Trésorière, Lydia Boulerice. Directeurs: Blanche Lecompte, Eugénie Tremblay; Germaine Latour; Sarah Gosselin; Alice Lèpine. Comité de Fonds de Secours: Presidente, Anonciade Martineau; Secretaire, Elisabeth Rousseau; Trésorière, Sybille Gagnon.

A.A., WOMAN'S GEN. HOSP., WESTMOUNT, P.Q.

Hon. Presidents, Miss E. Trench, Miss F. George; President, Mrs. Crewe; First Vice-President, Miss N. J. Brown; Second Vice-President, Miss E. Shecter; Recording Secretary, Miss E. Moore; Corresponding Secretary, Miss Morrow; Treasurer, Miss E. L. Francis, 1210 Sussex Ave., Montreal; "The Canadian Nurse," Miss Brown; Sick Visiting, Miss Wilson, Miss Abramovitch; Private Duty, Mrs. T. Robertson, Miss L. Smiley; Social Committee, Mrs. Drake.

Regular monthly meeting every third Wednesday, 8 p.m.

A.A., JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss H. A. MacKay; First Vice-President, Miss Cecile Caron; Second Vice-President, Miss Margaret E. Savard; Recording Secretary, Mrs. Winnifred Bates; Corresponding Secretary, Mrs. Douglas Jackson; Treasurer, Miss M. McHarg; Private Duty Section Miss Muriel Fischer; Sick Visiting Committee, Mrs. S. Barrow, Mrs. Harold Planche; Refreshment Committee, Misses Cecile Caron and Gladys Weary; Councillors, Misses Charlotte Kennedy, Emily Fitzpatrick, Muriel Fischer, Mildred Jack and Hilda Stevenson.

A.A., SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Miss Helen Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss Norah Arguin; Recording Secretary, Miss Pauline Gustafson; Corresponding Secretary, Miss Margaret Mason; Treasurer, Miss Margaret Robins; Correspondent to "The Canadian Nurse," Miss Carolyn A. Hornby, Box 324, Sherbrooke, P.Q.; Private Duty Representative, Miss Ella Morrisette.

MOOSE JAW GRADUATE NURSES ASSOCIATION

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse," Miss M. McQuarrie; Press Representative, Mrs. Philips.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss D. Wilson; President, Miss M. Lythe; First Vice-President, Miss Helen Wills; Second Vice-President, Miss L. Smith; Secretary, Miss B. Calder; Assistant Secretary, Miss A. Forrest; Treasurer, Miss D. Dobson-Smith, 2300 Halifax St.; Committees: Press, Miss M. Baker; Programme, Miss K. Morton; Refreshment, Misses D. Kerr and H. Wills; Sick Nurses, Miss G. Thompson

A.A., ST. PAUL'S HOSPITAL, SASKATOON

Hon. President, Rev. Sister Fennell; President, Miss Alma Howe; Vice-President, Miss Cora Harlton; Secretary, Miss M. Hennequin; Treasurer, Mrs. J. Broughton, 437 Ave., H. So. Saskatoon; Executive. Misses E. Unsworth, E. Hoffinger, and H. Mathewman,

Meetings, second Monday each month at 8.30 p.m., St. Paul's Nurses Home.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Martha Batson, Montreal General Hospital; Vice-President, Miss George, Women's General Hospital; Secretary-Treasurer, Miss Eileen C. Flannagan, Royal Victoria Hospital; Chairman, Flora Madeline Shaw Memorial Fund, Miss E. Francis Upton, 1396 St. Catherine St. W., Montreal; Programme Committee, Miss Elsie Allder, Royal Victoria Hospital, Miss McQuade, Women's General Hospital; Miss Parry, Children's Memorial Hospital; Representative to Local Council of Women, Miss Liggett, 407 Ontario St. W., and Miss Orr, Shriners Hospital; Representatives to "The Canadian Nurse," Public Health, Miss Mary Mathewson, 464 Strathcona Ave., Westmount; Teaching, Miss Norena MacKenzie' Montreal General Hospital; Administration, Miss Blanche Herman, Royal Victoria Montreal Maternity Hospital.

A.A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss Barbara Blackstock; Vice-President, Miss E. E. Fraser; Recording Secretary, Miss I. Weirs; Secretary-Treasurer, Miss C. C. Fraser, 423 Gladstone Ave., Toronto, Ont.; Conveners: Social, Miss E. Manning; Programme, Miss McNamara; Membership, Miss Lougheed.

A.A., HOSPITAL INSTRUCTORS AND ADMINISTRATORS, UNIVERSITY OF TORONTO

Hon. President, Miss G. Hiscocks; Hon. Vice-Presidents, Miss K. Russell, Miss A. M. Munn; President, Miss E. Stuart; First Vice-President, Miss G. Jones; Second Vice-President, Sister M. Helen; Secretary, Mrs. C. S. Cassan, 136 Heddington Ave.; Treasurer, Miss E. Langman, Hospital for Sick Children.

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT

Telephone Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

HELEN CARRUTHERS, Reg.N.

Montreal Graduate Nurses' Association Register

NURSES CALLED DAY OR NIGHT

Telephone Plateau 7841

LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.

Club House Phone Pl.-3900.

THE
Manitoba Nurses' Central Directory

Registrar—ANNIE C. STARR; Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

The Central Registry Graduate Nurses

Phone Garfield 0382

Registrar: ROBENA BURNETT, Reg.N.
33 Spadina Ave., Hamilton, Ont.

Irritable Babies Need

STEEDMAN'S POWDERS

From Teething to Teens

For years nurses have used and recommended this safe and gentle aperient, made especially for tender years. Steedman's **relieves constipation** and feverishness and keeps the blood clean and cool. Our "Hints to Mothers" booklet is very practical and useful—for copies as desired write John Steedman & Co., 504 St. Lawrence Blvd., Montreal.

School for Graduate Nurses

McGILL UNIVERSITY

Session 1932-1933

Miss BERTHA HARMER, R.N., M.A.
Director

COURSES OFFERED:

Teaching in Schools of Nursing

Supervision in Schools of Nursing

Administration in Schools of Nursing

Public Health Nursing

Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:

SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

ACETOPHEN AND PHENACETIN COMPOUND

C. T. No. 217 "Frosst"

for— Headaches
Rheumatic Pains
Neuralgia
Colds and
Grippe

C. T. No. 217
ACETOPHEN & PHENACETIN COMPOUND
Acetophen....... 3½ gr.
Phenacetin. .. 2½ gr.
Caffeine Citrate . ½ gr.
Dose: One or two tablets.

ANTIPYRETIC
ANALGESIC
ANTI-RHEUMATIC

Charles E. Frosst & Co. Montreal

ERGOAPIOL
(Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

Amenorrhea,
Dysmenorrhea, Etc.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, *thus* → MHS

Dose: One or two capsules three or four times a day.

Literature on Request.

MARTIN H. SMITH COMPANY, New York, N.Y., U.S.A.

Smartly Tailored
UNIFORMS

BOWMAN'S uniforms are styled for modern chic. Durable and retain their individuality after repeated launderings. Far superior to standardized uniforms.

ILLUSTRATED—
Our famous model No. 20 full flare, form fitting.

mail this Coupon

BOWMAN'S
APRON SHOP

BOWMAN'S APRON SHOP,
810 Granville St., Vancouver, B.C.
Please send free literature and prices.

Name ....
Address ....

C.N. No. 1

Woman's Hospital in the State of New York

POST-GRADUATE COURSES

EDUCATIONAL REQUIREMENTS—High School Graduation.
Preference given to those with greater educational advantages.

EIGHT MONTHS GENERAL

Practical Work. Gynecological Wards, Operating Rooms, Sterilizing Rooms, and Recovery Room; Obstetrical Ward, Nursery, Formula Room, Delivery and Labor Rooms; Out-Patient Department and Social Service.
One month elective work, as far as possible in the department chosen by the student, and ward management only to those showing initiative and special capabilities

Theory .... 120 hours

FOUR MONTHS' OBSTETRICAL

Practical Work. Obstetrical Ward, Nursery, Formula Room; Delivery and Labor Rooms; Out-Patient Department and Social Service.

Theory .... 95 hours

FOUR MONTHS OPERATING ROOM TEACHING AND MANAGEMENT

Practical Work. Operating Rooms, Sterilizing Rooms, and Recovery Room; Management of Operating Rooms; Suture Nurse experience during last month to especially qualified students.

Theory .... 69 hours

In addition to advanced subject matter given in all Courses, special emphasis is placed upon methods to be used in teaching of such material.

Theoretical Instruction by Educational Director. Lectures by Attending Staff.

ALLOWANCE—Full maintenance for entire Course; $15.00 per month beginning second month.
AFFILIATIONS offered to New York State accredited Training Schools for Four Months' Course in Obstetrics.

For further particulars, address—DIRECTRESS OF NURSES,
141 WEST 109th ST., NEW YORK CITY, N.Y.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS

Chicago Lying-in Hospital and Dispensary
5841 Maryland Avenue, CHICAGO

Financial Independence

This, after all, is what we all hope to achieve.

To the few it comes as a "gift from the gods." The many, if they would attain to it, must reach the goal step by step, through their own efforts.

We offer you a safe and simple way. You may, by setting aside a small sum regularly for a limited number of years, purchase a Sun Life Annuity (Pension Bond) which will ensure you comforts and enable you to enjoy life when inclination or necessity brings about your retirement.

The sooner you take the first step, the sooner the goal will be reached.

Any Sun Life Representative will gladly furnish details.

Sun Life Assurance Company
OF CANADA
HEAD OFFICE MONTREAL

Made in Canada

General Health NIPPLES

A Victoria Nurse says: "they are wonderful."

—They will not collapse
—Will not pull off, and can be put on with one hand while holding a baby.

Large Size 25c, Small 10c

National Drug & Chemical Co. Ltd.
B.C. Drugs Ltd. and
Alberta National Drug Co. Ltd.

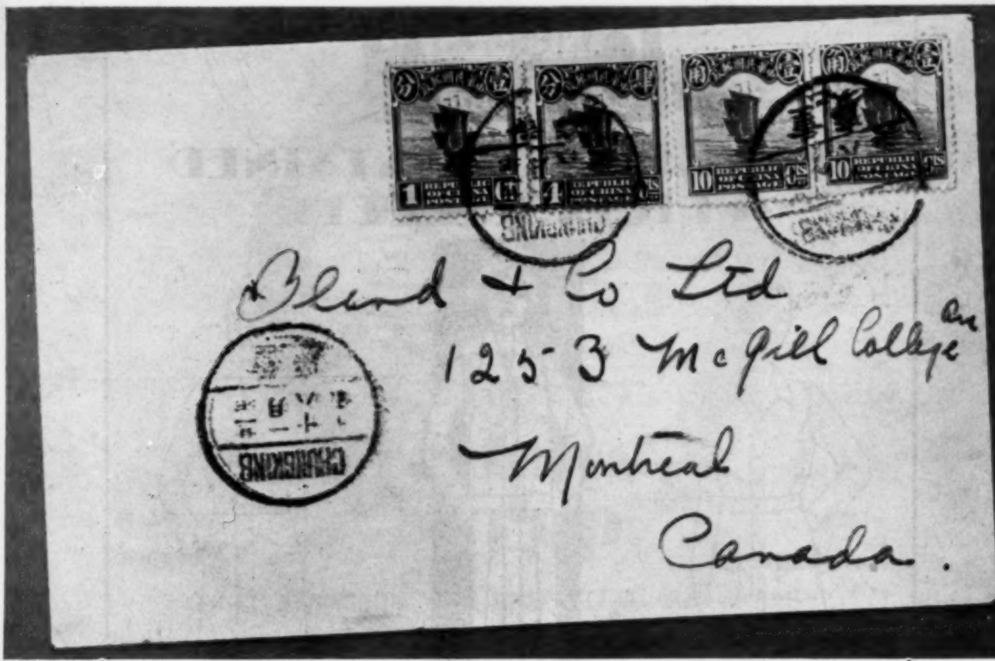
CASH'S WOVEN NAMES

YOUR NAME
CASH'S
12 DOZ. $3.00
9 DOZ. $2.50
6 DOZ. $2.00
3 DOZ. $1.50

Prevent laundry losses, ownership disputes at home or away. Mark all linen and clothing with GENUINE CASH'S NAMES, woven to your individual order. Permanent, neat, economical, better. "CASH'S" woven between names guarantees the quality—accept no substitutes. Order from your dealer or us.

Trial Offer: Send 10c for one dozen of your own first name woven in fast thread on fine cambric tape.

J. & J. CASH, INC.
52 Grier St., Belleville, Ont.



Bland & Co Ltd
1253 McGill College Ave
Montreal
Canada.

They even come to us from China!

NURSES ALL OVER THE WORLD
WRITE FOR OUR UNIFORMS

WHY?

Because they are Comfortable
" " " Stylish
" " " Not Expensive

ALWAYS BUY BLAND'S UNIFORMS — BE WELL DRESSED

MADE ONLY BY

BLAND & CO. LIMITED

NURSES' OUTFITTERS

1253 McGill College Avenue - - MONTREAL